The Challenge of the Future

By FLORENCE H. M. EMORY, Department of Nursing, University of Toronto.

"The hours should be instructed by the ages, and the ages explained by the hours," affirms Emerson in one of his inimitable essays. There is a grave danger that, in the bustle of the work-a-day world we shall evaluate the present and forecast the future without due regard for the habits of thought and modes of action which have conditioned present-day practice and will necessarily influence future attainment. Preoccupied with the daily task: its irritations and failures, which one of us does not focus attention upon the limitations of the present rather than through a study of the evolution of our profession, see reflected in the present a marked degree of accomplishment and thereby gather inspiration for future achievement.

In an exhaustive publication, "Four Centuries of Medical History in Canada," Dr. Heagerty, writing of the growth of the medical profession in Ontario, relates that in the year 1815 there were between thirty-five and forty qualified practitioners in the province. In 1819, John Gilchrist, of Hamilton, was granted a certificate to practise physic, midwifery and surgery. That versatile gentleman also conducted a saw mill and grist mill, and functioned as justice of the peace. Of physicians in general it is written "they were paid seldom in the coin of the realm, most often the best the early settler had to offer was his heartfelt thanks." And what of the sister profession, nursing? We recollect that at the second annual meeting of this association in St. Catharines, Dr. Greenwood told of the establishment of the first Canadian hospital school for nurses in that city in 1874. For encouragement hear an extract from an address delivered by Dr. F. J. Shepherd in 1905 to a group of graduates of the Montreal General Hospital, when, notwithstanding the enviable traditions of that institution, he told of the existence of well-nigh incredible conditions in former days. "The wards were small and rather untidy. The nurses were good creatures, and motherly souls some—all uneducated. Many looked upon the wine (or brandy) when it was red. In those days it was with the greatest difficulty that patients could be induced to go into a hospital. It was the popular belief that if they went they would not come out alive. Armies of rats disported themselves about the wards. Nothing was known of sepsis or antisepsis. Surgeons operated with dirty instruments and septic hands: wore coats which had been baptized in the blood of victims."

In contrast to the dark picture which portrays, in part, conditions of the last century, present-day activities in Ontario reflect progress. To enumerate some of the more obvious: registration is an accomplished fact, with eleven thousand nurse registrants since its inception and six thousand last year; there are approximately one hundred hospital schools for nurses, with a duly appointed inspector functioning under the provincial department of health, and an active advisory nursing council; during 1928 over one thousand graduates entered the profession; special preparation is available in two universities for those interested in either one of two branches of nursing, hospital teaching and administration, and public health nursing; supporting and promoting professional development are more than sixty alumnae associations, and a provincial organization established in 1904, and reorganized in 1925—the Registered Nurses Association of Ontario.

(Presidential Address, Fourth Annual Meeting, Registered Nurses' Association of Ontario, April, 1929.)

From such evidence the postulate is deduced that nursing is evolving from that which we hesitate to recall to that which we would have it become. Further, in that evolution professional organisation must needs continue to exert a strong influence. Virility and persistency have characterized the efforts of the provincial association during the past year. With each of the nine districts showing a substantial increase, the organisation boasts of more than sixteen hundred members. In terms of potential membership, that is not enough. A minimum of two thousand is our objective. Speaking of objectives, an outstanding business man was heard to say recently that the only thing to do with an objective is to exceed it so far that it cannot be seen. That precept has been followed in the raising of our allocation for the hospitality fund of the International Council of Nurses.

To return to our thesis, that is, that nursing is evolving, and that in that evolution professional organization will continue to exert a potent influence. I submit the future challenges us to an enrichment of professional life. The organised effort of any group falls short of its privilege if it fails to cultivate a desire for knowledge. There is an increasing awareness of the wisdom of Plato's words, "Education is a life-long business." Learning may take place not only in elementary and high school life, and within university walls, but also in the pursuit of one's vocation—in the daily walk of life. A friend said of Lincoln, that he was always a learner. In that respect he was the most notable man he had known. I take it that an important function of professional organisation and a criterion by which attainment may be judged is the degree of assistance given to a cultivation of the receptive mind: the mind which is eager to grasp new thought if such have scientific basis. There are well-known avenues which through intensive study may come, such as the post-graduate and refresher course, but granted these may or not have been utilised, the professional organisation may in addition further post-graduate education through an encouragement of individual study of daily contacts whether in the field of sick or health nursing. An attitude of mind should be fostered which will lead each member to realize that she may contribute to the sum total of scientific knowledge, that she, through the laboratory of daily experience, may make observations which will materially aid in curative and preventive nursing. The professional group may help to instil in its young members that which will compel them to seek further development and at the same time offer opportunities for self-improvement. Nor should individual or group vision be limited to the horizon of professional life. The ultimate goal is the living of a life, rich in usefulness, helpful in spirit, and much may be done to create in younger and older a reasoned and satisfying philosophy of life itself. Those most keenly aware of the necessity for organised effort know that survival is conditioned by a constant reinforcement of recent graduates. There is recognition of dependence upon young life: young life possessing an urge which insists upon growth; young life which is willing to forgo much in order that growth may be experienced. In turn we should be prepared to offer opportunities for the enrichment of such life. The organized group is privileged to act as an incentive—a stimulant, encouraging those with ability to develop their powers. Existing opportunities are numerous and diverse. Shall we hope that added to these: the reading of books and journals, and attendance at conventions with papers, round-table conferences, exhibits and demonstrations, the future may witness a broadening of international viewpoint through interchange of experience in other countries.

The challenge of the future includes not only the enrichment of professional life but a progressive community nursing service. The two are

inter-related. When the accomplishment of science during the last fifty years is contemplated may we not visualise a future community where through additional knowledge and co-operative effort, death and illness have been further reduced and the life span of the average individual further increased. Sir George Newman has stated that an infant born in England in 1926 had a life expectancy twelve years greater than of a child born one hundred years ago. In such endeavour each branch of our profession may share. Let none think that the public health nurse functions alone as a health worker. Admittedly she is a specialist in that field, but the hospital nurse and the private duty nurse alike may be effective agents in increasing individual and family health. Is it Utopian to suggest that in future centralized machinery will be provided through which all community nursing services may be directed whether curative or preventive in character? Should such come to pass, professional organization through individual and group effort should safeguard and enhance the effectiveness of such a project.

Though manifold and exacting the demands made upon the organized professional group, the challenge of the future, if accepted, may be met through conviction, loyalty and endeavour. These are the sine qua non of professional growth: conviction regarding the value of organized effort, loyalty to its traditions and aspirations and endeavour in the realization of its objectives. That experience should be shared by the majority rather than the minority. The most effective remedy for discouragement is belief in the future, and one of the potent factors in moulding the future of nursing is organized group effort revealing as is does the spirit and ideals of the profession. Sitting in the Lady Chapel of the Liverpool Cathedral my attention was drawn to stained glass windows dedicated to those who had done honour to womanhood through rendering a signal service to humanity — among them Florence Nightingale and Agnes Jones. My thought instinctively turned from those who had given so much, to the profession of today. I pondered—did the torch, lighted with a revered tenacity of purpose and breadth of understanding, burn as brightly in the hands of their privileged successors —did the spirit which prompted the re-organisation of nursing and the establishment of district nursing continue to permeate the profession today? If with daring and devotion the challenge of the future be accepted, professional organisation may go far in perpetuating the true spirit of nursing. In the last analysis with that rests future safety.

Who would true valour see,
Let him come hither;
One here will constant be,
Come wind come weather.
There's no discouragement
Shall make him once relent
His first avowed intent,
To be a pilgrim.

Who so beset him round,
With dismal stories
Do but themselves confound—
His strength the more is.
No lion can him fright,
He'll with a giant fight
But he will have a right
To be a pilgrim.

Hobgoblin nor foul fiend
Can daunt his spirit:
He knows he at the end
Shall life inherit.
Then fancies fly away,
He'll fear not what men say,
He'll labour night and day,
To be a pilgrim.

Housewives' Neurosis

By MARY CHADWICK, S.R.N., F.B.C.N., London, England

At first glance it would seem impossible that the practice of the housewifely art, the absence of which is now so frequently deplored, could ever take on a form that could be both inconvenient and dangerous. That might be the opinion of one who has never come in close contact with one in whom the virtues of cleanliness and tidiness have run riot, or who has raised her house and domestic duties into the position of a tyrannical god, who is only to be appeased by the sacrifice of the happiness of all who come within its walls.

Those who know by experience to what degree this scourge can be raised, will readily endorse the statements that follow. Here we have the woman anxious to keep her house spotless from floor to ceiling, to rub and polish, scour and sweep from morning to night, or to compel others to do so at her bidding. Admirable though this impulse may be when kept within bounds, it is easy to realise that for the other inmates of the house constantly to be kept in a state of tension resembling that which is typical of spring cleaning, becomes in time a menace to the nervous health of, not only the woman herself but also her husband and children.

One might hope that in time the zeal might flag, and the energy be spent, when physical fatigue sets in as the inevitable result of these herculean labours. Still experience teaches that there is very little use in waiting for the consummation of this hope. The housewife with this form of neurosis seems endowed with inexhaustible recuperative power, and even when showing the usual signs of human tiredness, presses on to finish the self-appointed tasks or to spur herself on to fresh endeavour, denying, even to herself, the fact that she is subject to the common frailties of life, and may become overtired and therefore cross.

She will require that others who compose the household must also take their part in the endeavour. Minute instructions will be given to the husband to be careful to wipe his boots thoroughly before coming into the house. She may also find some excuse which enables her to stand by the door in order to watch if her wishes are carried out, her fear being that dust from the street will enter and contaminate the cleanliness she has been working so hard to establish. The children will scarcely be allowed to play lest they may disarrange the order of her rooms, or raise dust from secret lurking places, and hardly before the visitor's back is turned she is shaking out the cushions they have pressed out of shape.

Everyone is given an exaggerated idea of the importance of cleanliness, and dirt is represented as an unspeakable horror. Toys must not be bought in the street in case their vendors have kept them in dirty houses. It is impossible to eat fruit until it has been washed or cooked. The idea of contamination quickly spreads from one object to another, when anything called "dirty" is in question. When this occurs, the entire ritual of cleansing must be started over again from the beginning and be carried out in every detail.

Most miserable of all is the woman herself. Work how she may she cannot be satisfied that the cleanliness and polish she strives for has been realized. She will worry what may be the effect of her negligence upon her dear ones, should she leave one corner unscoured or fail to wipe off one stain that has sullied the purity of her paintwork. Fret and worry, worry and fret will sooner or later undermine her health as much as the physical strain of the over-work which she imposes upon herself. Should she be hindered in her task of cleaning,

she may work herself into a state bordering on panic, accuse herself of injuring her household and suffer agonies of remorse concerning what may be the results of her neglect upon herself and others. When the children come back from school they are also fussed and worried continually, and her husband's evenings are spoilt because, instead of sitting down to rest and enjoy herself, or share some recreation with him, she still toils on unsparingly.

She says this incessant work and drudgery is absolutely essential to protect the health and welfare of her family and that only by this means can domestic hygiene be maintained. Of course we know that sooner or later her condition will need the doctor's help, but this is a view that she herself would deny. An onlooker will soon realize that more is at stake as the result of these monumental efforts than the mere outward cleanliness of the home. Her self-reproaches, the far-reaching fears of contamination that may be spread by dust or her negligence will give us the clue that these actual ideas are really standing for others which are of still greater importance to her mind, although consciously she has not yet grasped the connection between them.

We shall find two main roots to the trouble, first that in her childhood, she was probably subjected to most rigorous training in cleanliness. It was preached to her as a moral obligation. Cleanliness was not only "next to godliness" but on an equality, even if not of more importance, and so the idea of guilt was closely attached to the outward uncleanliness of the person or of things. The house often holds the allegorical meaning of the woman herself, and so to the idea of the unclean house, a symbolic significance of moral impurity becomes attached. Her anxiety over the cleanliness of her house will re-echo injunctions from childhood about personal ablutions, and the excretions of waste products from the body, just as rooms must be left spotless and every corner cleared of dust and rubbish. Any refuse or dirt may contaminate other things and spread disease to the inmates of the house. The idea is the descendant of instructions concerning daily evacuation of the bowels also, accompanied by threats of warning of illness as the consequence of disregard of precautions.

It is easy to forget these strict injunctions in childhood and the impression they made upon us in those days, just as now they still exist without any memory being able to account for the strange obsessions, which causes so much worry and unhappiness. Far from uncommon is it also to find these persons constantly reproaching themselves about spiritual uncleanliness, and they will suffer deeply under the delusion of a burden of sin. In the symbolic action of cleaning the house, they not only carry out the idea of cleansing the house (her body), an attempt is made at the same time to cleanse the conscience, which seems besmirched in some way, which reminds us of Lady Macbeth, who constantly washed her hands in her sleep-walking dreams, with the intention that she might thereby cleanse her soul or mind from the guilty stains of blood-shed.

The two ideas of infant naughtiness connected with being dirty, and guilt attached to moral uncleanliness, have in this way produced the symptom which is most in evidence in Housewives' Neurosis. The guilt and the moral uncleanness may in a large number of cases be entirely imaginary, that is of no account, but even though the victim of this trouble may be persuaded for a time that her fears are groundless, they will quickly return once more upon the least provocation, even should they have disappeared for a time when they were set at rest.

Cure of this distressing condition would only take place, when side by side with the present-day symptoms could be placed the pre-disposing causes:—the childish phantasies that went to its construction, and the special incidents of early experience which resulted in this trouble taking precisely the form which we see.

Treatment for Electric Shock

By P. LUMLY, Sarnia General Hospital, Sarnia, Ontario.

Electric accidents from a medical and nursing standpoint may be subdivided as follows:

(1) Electric shock.
(2) Electric burn.
(3) Associated traumatic conditions such as, wounds, fractures and other types of injuries.
(4) Complications of electrical injury such as paralysis, organic and functional.
(5) Sequelae of electric injuries; scars, deformities, psychosis, neurosis, neurasthenia and melancholia.
(6) Death.

Electrical accident is caused by the individual coming in direct or indirect contact with a conductor of electricity. The shock may be accompanied with unconsciousness of varying duration, or death may result.

Effects or conditions are: Rigidity of muscles, more or less generalized; interference with or paralysis of respiratory system; excitation of central nervous system; spasms of blood vessels with congestion and edema.

The exact mechanism of death from electrical shock is uncertain, but at present it is thought that death may be due to either a paralysis of the respiratory or vasomotor centres, or to ventricular fibrillation.

From the nursing standpoint we are not so much interested in the cause of death as the effects of the remedial measures to help prevent death. This means action, and that must be immediate: Quickly release the victim from the current, being careful to avoid receiving a shock. Use any dry non-conductor (rubber gloves, clothing, wood, rope, etc.) to remove either the victim or the conductor. Beware of using metal or any moist material, endeavour to free one hand at a time; if necessary shut off the current. If the victim is on a pole, see that it is secure to avoid further injury by falling. On the individual being removed from contact with the current, artificial respiration is at once instituted, the Schaefer or Prone Pressure method being used:

> Place the patient face downward, one elbow flexed, forehead resting on wrist, face turned opposite flexed elbow. Loosen neck and wrist bands and clear air passages, if jaws are relaxed. Straddle the patient, kneel with the knees just below the hip pockets, place the palms of the hands on the small of the back with the fingers resting on the ribs. With arms held straight, swing forward slowly so that weight of your body is brought to bear on the subject. Two or three seconds is the time this should take. No violence should be used as internal organs may be injured. If another person is present he can clear the air passages, loosen neck and waist bands, but no delay must be made in commencing artificial respiration.

When notification is received that a patient suffering from electric shock is on his way to the hospital, a large airy room, if possible with two windows, is prepared at once.

Place the bed near a window. Arrange a fracture board (not in the usual way for a fracture) but across the centre of the bed. This serves a twofold purpose. First as a sufficient support for the victim's abdomen and chest, and second, an easy method for workers, who, without one intermittent stroke, continue their work faithfully and skillfully until rigor mortis has been pronounced, or the patient shows signs of restoration. Protect the mattress and make the lower part of the bed as for an ether bed, but do not put any top clothing in place. On a radiator or back of a chair have old blankets folded.

On the bedside table have two emesis basins, ether wipes, gauze, sponges, cotton swabs, mouth gag,

tongue forceps, needle holder, curved needle with strong silk and a strip of adhesive.

Stimulants—Caffeine, Soda-Benzoate Ampule, and a hypodermic is prepared with the same unless otherwise ordered.

Eight hot water bottles at correct temperature are filled, covered, and placed between the blankets.

The oxygen tank is in readiness to turn on, and be sure there is an adequate supply on hand.

On the arrival of the ambulance the patient is placed on the bed face down, resting on flexed forearm, face turned away from bend in elbow, with as little interference with the artificial respiration as possible. Cover the upper and lower part of the body with blankets placed crosswise. Hot water bottles are to be immediately placed to axillae, chest, limbs and feet.

Remember no attempt must be made to undress the patient.

Oxygen must be given continuously. Authorities say pulmotors are contra-indicated and some say stimulation is of no avail. However, observations do not lead us to believe it to be injurious.

Do not interfere in any way with those who are giving artificial respiration. The nurse's duty is to keep the mouth and throat free from mucus and continue oxygen, the doctor may secure the tongue with a suture if necessary.

See that hot water bottles are replenished by replacing one when one is removed, and the hypodermic always in readiness to administer.

Do not grow weary in well doing until the doctor has pronounced rigor mortis present.

Our first case, May, 1927, had artificial respiration administered continuously for **eight** hours, and made a good recovery.

In a second case, after **three** hours work rigor mortis was present, while in a third case artificial respiration was continued for **five** hours and the patient fully recovered.

Burns are treated after respiration has been fully established by the order of the physician. The patient may then be undressed, bathed and general care given. Convalescence depends on the systemic effect of the shock, and will be treated accordingly by the physician.

Visitors to the Congress of the International Council of Nurses, who are arranging to travel through Canada, are cordially invited to Manitoba. Winnipeg is the capital of Manitoba, the third largest city in Canada, and is the Gateway of the Canadian West.

Nurses who wish to take a holiday where everything is different, will enjoy a trip up Lake Winnipeg to historic Norway House, or a trip to the North via the new Hudson Bay Railway (which will be ready for passenger service by July).

Nurses who wish to visit institutions and organizations in order to become acquainted with the nursing services of the province, may have arrangements made for this purpose. Information can be obtained from the Convener, Hospitality Committee, Manitoba Association of Registered Nurses, 753 Wolseley Ave., Winnipeg, Manitoba.

The International Catholic Guild of Nurses will hold its fifth annual convention in Montreal, July 5-8. Invitations have been sent to groups of nurses in Europe to attend the convention and the programme will be both in English and French. Arrangements are being made for the holding of numerous round table discussions. In the United States special excursions will be conducted from various sections to Montreal, and a special train will be made up in Chicago to carry nurses from the west and middle west, who will assemble there, on a tour which will include interesting features of the United States and Canada, allowing a week at Montreal to attend the Guild's Convention and the Congress of the International Council of Nurses. The headquarters of the International Catholic Guild of Nurses are at the Auditorium Hotel, Suite 142, Chicago, Illinois.

International Council of Nurses

Grand Council

Members of the Grand Council, International Council of Nurses, will meet in Montreal on July 5th, 6th, and 7th, 1929. These meetings will be held at the Montreal High School, 3449 University Street.

The Grand Council consists of the Honorary Presidents; the Officers; the National Representatives (i.e., the Presidents of national organizations of nurses which are active members of the International Council of Nurses); and four accredited delegates in addition to the President from each active member of the Council. The Grand Council represents the voting body of each Congress.

It was planned to publish in this issue a short biographical note on each member of the Grand Council. Unfortunately replies have not been received to a number of the requests made some time ago to secretaries of national organizations for some information relative to their representatives to the Congress.

Notes as received to date are being published forthwith, and it is hoped the other countries may be heard from before the June number goes to press.

Honorary Presidents:

Mrs. Bedford Fenwick, elected an honorary president in Berlin, June, 1904. (See "The Canadian Nurse," March, 1929.)

Miss Annie W. Goodrich, elected an honorary president of the Council in Helsingfors, July, 1925, was president from 1912-1915. Her career as a nurse was begun in the New York Hospital, from which she graudated in 1893. Her professional career has been phenomenal in variety of experience . . . a quality of pioneer enthusiasm, and a capacity for hard work in whatsoever field of endeavour claimed her.

Miss Goodrich has demonstrated an unusual ability to adapt teaching to the realities of life, while cherishing the highest academic aspirations. Thirty years in action, with a record of breadth, precision and instinctive unselfishness gives assurance to whatever enterprise Miss Goodrich may venture.

Miss Goodrich has been superintendent of nursing at several hospitals; *i.e.*, New York Postgraduate, St. Luke's, New York, and Bellevue and Allied Hospitals; also director of nurses, Henry Street Settlement; lecturer and assistant professor, Department of Nursing and Health, Teachers' College, Columbia University; dean of the Army School of Nursing; and since 1923 dean of Yale School of Nursing. In nurses organizations, Miss Goodrich has served as president of the National League of Nursing Education, the American Federation of Nurses, and the American Nurses Association, as well as of the International Council of Nurses. ("The I.C.N.," April, 1926.)

*Mrs. Henry Tschernin*g, president of the Council, 1915-22, was elected honorary president in Copenhagen, May, 1922.

A few months after the foundation of the Danish Council of Nurses in 1899, Mrs. Tscherning was elected its president, a position which is still honourably held by her. By means of her tenacity of purpose, her unique gifts of administration, her facility of co-operation with all whom she has to deal, and thanks also to the very advanced social legislation of the country, the Council has, during her presidency, developed into the best organized national nursing body in the world. It includes, literally, every trained nurse in Denmark, and its provisions for sickness, disablement and old age are unsurpassed. It exercises a satisfactory control over its members, numbering more than 5,000, and this is probably the main reason why the government has not yet found it necessary to interfere in any way by the passing of a Nursing Act.

Mrs. Tscherning has always been greatly interested in nursing movements in other countries. She was the means—in spite of some opposition—of setting up a Constitution for the Danish Council of Nurses in conformity with the requirements of the International Council, with the result that the affiliation of the former took place at the Congress in London in 1909. ("The I.C.N.," April, 1926.)

(Mrs. Tscherning resigned in 1927—Ed.)

National Representatives and Accredited Delegates:

CHINA

Miss Lillian Wu, president, Nurses Association of China, is from Foochow. After completing her training in China, she graduated from the Johns Hopkins School of Nursing in Baltimore, U.S.A., followed by post graduate work at Boston and New York. She is the first Chinese nurse to become superintendent of a Registered School of Nursing entirely under Chinese management. She is superintendent of nurses of the Red Cross General Hall of Healing at Shanghai. Miss Wu represents the grace and charm of the continent of Asia where nursing is still in its infancy. (From—"A Joy Ride through China.")

Miss Shih Hsi En, the general secretary of the Nurses Association of China, is a scholar of unusual ability, speaking English, Mandarin and several dialects fluently.

She completed her professional training in the Sleeper Davis Hospital, at Peking in 1917, and secured "Honours" in the National Examinations. In 1918 she received the Diploma in Midwifery, and for the next two years supervised in the hospital. Then for three years she studied in the United States, familiarizing herself with all branches of nursing. On her return she became assistant, and is now superintendent of nurses in the Sleeper Davis Hospital.

She has served on many committees of the Nurses Association of China, and has done public health, war, school, private duty and institutional nursing in addition to being president of the Peking Auxiliary. She is quoted as being, "strong physically, mentally and withal a charming winsome woman."

Miss Agnes Chan, vice-chairman of the Educational Committee of the Nurses Association of China, and the superintendent of nurses of the Wesleyan Hospital, Fatshan, Kwangtung, China, is a Canton girl. She trained in Toronto. She has a paper on Private Duty Nursing in Asia for the Congress.

Miss Ruth Ingram, was born in China, as her father was one of the early missionary doctors there. She received her training in the United States, and is now superintendent of nurses of the Peking Union Medical College Hospital, Peiping, Hopei, China.

Mr. Kuo Jung Hsun, is general supervisor of the operating rooms and surgical work of the Peking Union Medical College, Peiping, Hopei, China. He is a graduate of that School and is also chairman of the Headquarters Committee of the Nurses Association of China. Mr. Kuo has charge of one of the Round Tables on Staff Work at the Congress.

CUBA

Senorita Martina Guevara, president of the National Association of Nurses, Cuba, on graduating from the training school of nurses, at "Mercedes" Hospital, Havana, became head nurse of the gynecology ward and operating room, and later, superintendent of nurses. In 1921, she organized visiting nurses, in the Infant Hygiene Section of the Department of Health, throughout the whole country. The following year, she undertook a special course of practical work at the Presbyterian Hospital, New York, in addition to a teacher's course at Columbia.

Upon her return, she was appointed instructress of Practical Work for three training schools in Havana. Last year, she was awarded a gold medal by the Cuban Government for twenty-five years of continuous service.

She has taken a great interest in association work, being one of the organizers of the National Nurses Association of Cuba, and acting secretary and treasurer for a number of years. In 1928, she was made an Honorary Member in the Order of Merit of the Red Cross of Cuba.

Senorita Hortensia Perez Llerena. after graduation from "Hospital No. 1," Havana, Cuba, accepted an appointment on the staff, which led to the position of night supervisor. Two years later she was appointed superintendent of nurses in the Santiago de Cuba Hospital, in the Province of Oriente, from which she later resigned to accept a similar position in the Camaguey Province Hospital.

Her other activities include the position of: Commissionary in the Office of "Infantile Service," in the Department of Health, Assistant Chief, and finally General Supervisor.

Her services have been recognized by the Supreme Council of the National Red Cross who have made her an Honorary Member in the Order of Merit of the Red Cross of Cuba.

DENMARK

Miss Cornelia Petersen, is the representative of the Danish Council of Nurses, and is acting as proxy for the president, Miss Charlotte Munck, who is prevented from attending the Congress due to ill health.

After having finished her training in 1905, Miss Cornelia Petersen occupied herself with visiting nursing until she left for England in 1910, from where she only returned shortly after the outbreak of the world war. From August 1915 to December 1919 she held a supervisory position in one of the departments of the newly erected State Mental Hospital of Nykobing, Sj., since which time she has been the Director of the School of Nursing of the Municipal Hospital in Aarhus.

Miss Petersen is very interested in her profession and its progress. Since 1920 she has been a member of the Executive Committee of the Danish Council of Nurses, and the most active president of the Provincial Nurses Association of Denmark (an affiliated organization of the Council). She is also a member of the Eligibility Committee of the Council. The first book in Danish on the History of Nursing and published by the Council in 1928 was written by Miss Petersen. She acted as a delegate of the Council at the meetings held in Copenhagen by the International Council of Nurses in 1922 and 1923, as well as at the Congress in 1925 in Helsingfors.

Miss Petrea Sorensen, graduated from Bispebjaerg Hospital, Copengahen, Denmark, five years ago.

Since 1925, she has studied in the Illinois Training School for Nurses, the Sloane Maternity Hospital, New York, and Bloomingdale Hospital, White Plains.

Last year she registered in New York State, and recently received a Bachelor of Science degree from Teachers' College, Columbia University.

Miss Clara Feldthaus, trained for three years in medical and surgical nursing at the Kommunchospitalet, Copenhagen (Municipal Hospital, 1,000 beds), from where she graduated in 1920. She then attended post-graduate courses in obstetrical, mental and

contagious diseases' nursing, and since 1925 she has been in charge of a surgical ward for men at the Municipal Hospital, Copenhagen. Miss Feldthaus is now having sixteen months leave of absence in order that she may study nursing in the United States.

Miss Petrea K. Andersen, graduated in 1924 from the Svenborg County Hospital, and later spent six months in a post-graduate course at the States Mental Hospital, and two months in a similar course at the States Maternity Hospital. For the past three years she has been a member of the nursing staff at the Municipal Hospital, Copenhagen, and is at present on leave of absence, the same as Miss Feldthaus, for study of nursing in the United States.

Miss Kirsten Becker, graduate of Bispebjerg Hospital, Copenhagen, will also attend the Congress as a delegate. At time of going to press no notes have been received from Miss Becker.

ENGLAND

While no biographical notes have been received from England—some information was obtained from "The British Journal of Nursing," and the 1928 edition of "Who's Who."—(Editor.)

Miss Margaret Breay, after graduating from the newly organized St. Bartholomew's Nursing School under Miss Ethel Manson (Mrs. Bedford Fenwick), was appointed sister at the Metropolitan Hospital, London. Following this she took her course in obstetrics at St. John's Hospital, obtaining the diploma of the London Obstetrical Society, remaining there as superintendent of the Training School. A couple of years later she returned to the Metropolitan Hospital as matron.

In response to an appeal from Zanzibar, Miss Breay volunteered for work for the Universities' Mission to Central Africa, and later accepted the position of matron at a new hospital built by the Mission in Zanzibar.

A year and a half later, as a result of ill-health, she was compelled to return home, to be connected with Mrs. Fenwick in the organization work of nurses, especially as assistant-editor of *The British Journal of Nursing*.

In addition to various other positions, Miss Breay has acted as honorary secretary of the Matrons' Council of Great Britain and Ireland, of the Registered Nurses Parliamentary Council, of the Nursing Section of the International Council of Women, and as honorary treasurer of the National Council of Nurses of Great Britain, and of the International Council of Nurses. In 1925, she was elected an honorary member of the Council.

Mrs. Lancelot Andrews, trained and certificated at St. Bartholomew's Hospital, London, where she was Gold Medallist of her year, held successively the position of night superintendent, ward sister, temporary assistant matron and home sister in her Training School.

After the death of her husband, she was appointed Inspector under the Ministry of Health, a position recently resigned.

During 1917-1918, she helped in the organization of Queen Mary's Women's Army Auxiliary Corps. She was the first recruiting controller, organizing the system throughout the country.

A Foundation Fellow of the British College of Nurses, Mrs Andrews has been appointed to a seat in the Council. In addition to being a distinguished speaker, "she brings to her position an enthusiasm rooted in knowledge, capacity and a strong sense of duty, and a winning personality."

Miss Helen Lucy Pearse, trained and certificated at St. Bartholomew's Hospital, London, subsequently held the position of assistant superintendent at the Lambeth Infirmary, matron at the North Staffordshire Infirmary, and at the Great Northern Hospital, London; but her life's work has been superintending the school nurses under the London County Council.

From its inception she has attended the meetings of the International Council of Nurses acting as delegate of the National Council of Nurses of Great Britain, of which she is honorary secretary. She is also vice-chairman of the Royal British Nurses Association, and president of the Matrons' Council of Great Britain and Ireland, and of the London County Council School Nurses Social Union. She is a Foundation Fellow of the British College of Nurses and has been appointed a vice-president by the Trustees.

Miss Rachel Cox-Davies, C.B.E., R.R.C. (with Bar), is a graduate of St. Bartholomew's Hospital, London, and had war service in the South African and Great Wars. Miss Cox-Davies has been matron of the Royal Free Hospital, London, and of Queen Alexandra's Army Nursing Board. She has served as a member of the General Nursing Council of England and Wales, and of the Council of the College of Nursing, of which she is now president. Miss Cox-Davies has been a Guardian of St. Pancras District since 1923.

HOLLAND

Miss Meta Kehrer, president of Nosokomos, trained in the Wilhelmina Gasthius, Amsterdam. For some time after graduation she was attached to the operating room and the obstetrical ward of the hospital. Then followed a year as anasthetist in Het Burger-Ziekenhuis, a private hospital. From 1917-1920, she undertook hospital social work which later included work with the public health service of Amsterdam. From 1923 on, she became inspector in the Juvenile Court.

Since the beginning of her career, Miss Kehrer has been a prominent member of Nosokomos. She has been a member of the editorial board of the magazine, and a member of the executive. In 1925, she

became president. Recently she was elected to the executive board of the National Bond van Verplegenden.

Miss S. A. Wesseling, previous to her nursing career, was engaged in social service work. She received her training at the Wilhelmina Gasthius in Amsterdam, obtaining in 1913, the diploma for general nursing, and in 1915, that for maternity nursing. Since 1916, she has been engaged in private duty nursing.

Miss A. Terpatra, received her diploma from the Mental Hospital, in Zutphen, in 1911. In 1912, she began her training at the Wilhelmina Gasthius in Amsterdam. In 1914, she received her diploma for general nursing, and in 1916, that for maternity nursing. Since then she has been engaged as a private nurse.

Miss M. Serton, is a graduate of the General Hospital and of the Surgical and Maternity Clinic at Utrecht. She received the diplomas for general nursing, district nursing (Green Cross Diploma), tuberculosis nursing and her certificate as midwife of the Central Midwives Board, England. Following a year's practice in the General Lying-in Hospital, London, and after one year spent in private nursing, she became district nurse at "The Green Cross," Utrecht, in 1926.

INDIA

Miss Catherine Frances Slater, who was trained at Guy's Hospital, London, and the Rotunda Hospital, Dublin (C.M.B.), has spent most of her life in India, her father having been the first head master of Bishop Cotton School, Simla. After her training she specialized in eye work, with a view to working in the East, and later on took a course in dispensing, and gained the Apothecaries' Hall Certificate. She did private nursing both in England and India, and for the last fifteen years has been engaged in missionary work, being for some years sister in charge of St. John's Hospital, Panch Howd, Poona City, and at present is doing district work with the Dublin University Mission in the Diocese of Chota Nagpur. She is a Founder member of the College of Nursing.

IRISH FREE STATE

Miss Nellie Healy, the Irish Free State delegate, is keenly interested in Post-Graduate and Public Health work particularly, and is a very active and progressive member of the nursing profession. She took out both her general and midwifery training in Belfast Infirmary, and has also trained in specialized branches, such as children's nursing, tuberculosis, and infectious diseases. She also has the Health Visitor's Diploma in Dublin.

She is at present working as assistant superintendent of Child Welfare in Dublin, where a fine centre has recently been provided through the generosity of the Carnegie Trust.

Miss Healy is a member of the Executive Committee of the Irish Nurses Union, and was largely responsible for a most successful post-graduate week for midwives, arranged by the Nurses Union at the Rotunda Hospital, Dublin.

She has contributed many interesting articles to Irish nursing papers, and has also published several booklets on Child Welfare and kindred subjects. She has recently been elected to represent nurses engaged in Public Health work on the General Nursing Council for the Irish Free State, which is the official body controlling the profession there.

Miss Healy has done district nursing in the west of Ireland under the Jubilee Institute.

NEW ZEALAND

Miss Cecilia McKenny, after graduating from the Wellington Hospital of Nursing, New Zealand, served on the staff of the Hospital as staff nurse, operating theatre sister, ward sister, home sister and matron's assistant, and was later appointed matron of Wanganui Hospital.

During the latter part of the war, until 1919, she joined the Hospital Ship Maheno, serving on her for a year, and then on the Reserve. She is now continuing as matron of the Wanganui Hospital.

She has taken an active part in progressive measures for Nursing Education. Offices held are: Matron, Public Hospital, Wanganui; Delegate to Central Council, New Zealand Trained Nurses Association; President, Wanganui Branch, N.Z. T.N.A.; Vice-President and Acting President of the New Zealand Hospital Matron's Council.

POLAND

Miss J. Romanowska, president of the Nurses Association of Poland, who during the war, became a voluntary worker in different social institutions, later enrolled in the Red Cross and joined a military train for injured and sick soldiers. Then she entered the Warsaw School of Nursing. After graduation she undertook to organize the first rural centre for mothers and children. As this was soon running smoothly, she took the position of Instructor of Public Health Nurses in Lwow. In 1926, she travelled on a scholarship from the Rockefeller Foundation through Belgium, France and England, studying Public Health Work and Maternity cases. Returning to Poland, she was appointed as Instructor of Public Health Nurses in one centre in Skierniewice, and of four rural centres in the same district.

Miss Suffczynska, secretary of the Nurses Association of Poland, studied for two years in the humanistic department of a private university in Warsaw. The war interrupted further study, and she became a teacher in a private family. After the war, the Red Cross sought volunteers to care for the sick and injured. Miss Suffczynska took a short nursing course and then enrolled and served

until 1921 in Upper Silesia, and with various Red Cross hospitals. She was also appointed head nurse for a centre for refugees near the Bolsheviki frontier. In 1923, she returned to Warsaw and entered the school of nursing. After her graduation, she became theatre-room sister and matron in the Red Cross Hospital. In 1927, she took a post-graduate course in London. She has now been appointed superintendent of Red Cross nurses.

SOUTH AFRICA

Mrs. W. G. Bennie, president of the South African Trained Nurses Association, received her training in the New Somerset Hospital, Cape Town, under Miss J. C. Child, to whom Mrs. Bennie considers she owes her wide knowledge of the nursing profession. After training, she was appointed sister at Albany Hospital, Grahamstown, acting as matron for six months during the matron's absence.

The South African Trained Nurses Association is particularly fortunate in having a president, South African by birth and training, whose high ideals and grasp of professional matters have caused her to take a great interest in its members. She has given unsparingly of her time and energy, travelling all over the country, establishing personal contacts and spreading propaganda for the Association. As a result, better conditions are prevalent for nurses; such as, increased salaries, higher training facilities, etc.

She is a member of the executive of the National Council of Child Welfare, a past vice-president of the National Council of Women (Cape Town Branch); vice-president of the Women's Municipal Association, Cape Town, a member of the St. John's Ambulance Association, a member of the Nurses War Memorial Committee, of the Peninsula Maternity Committee, of the Mothercraft Training Centre and of the Native Welfare Society. In spite of her variety of interests, the South Africa Trained Nurses Association has first place in her affections and efforts.

Miss Alexandra McDonald Mitchell, who is a New Zealander by birth, is a graduate of Christchurch General Hospital, following which she was appointed acting sister. Later, Miss Mitchell attended the government Midwifery Training School at Auckland, and then accepted an appointment in the Whangari Hospital. Next she became sister of the Midwifery Training School, and eventually assistant matron of the General Hospital.

Plunket nursing attracting her attention, she took a post-graduate course at the Karitane Hospital, Dunedin, where she held relieving post as sister of that hospital, and then as a Plunket Nurse. Later she became sister on the staff of the Karitane Infant Hospital, Christchurch, New Zealand.

While on leave in England, Miss Mitchell was asked to organize a Plunket Centre in South Africa. Consequently in June, 1925, the Capetown Mothercraft Training Centre was opened. Now Miss Mitchell retains her post as matron of that Centre.

Miss Ann S. Gordon, born and educated in Scotland, trained for three years at Kings' College Hospital, London, from 1895 to 1898.

After a short period of private nursing, she accepted the post of sister at the Albany General Hospital, Grahamstown, South Africa, where she remained as matron for over twenty years. During this period, she took a course in Midwifery at the Bristol General Hospital, Bristol, England.

Miss Gordon was appointed matron of the Victoria Nurses Institute, Cape Town, in 1924.

Miss E. Frances Horn, is a graduate of the Central London Infirmary, London, England, where she later held the post of home and theatre sister for one year. In 1914, she joined the private nursing staff of the Victoria Nurses Institute in South Africa. Positions held since then are: matron of the American Native Hospital, Durban, member of the South African Military Nursing Service, ward and theatre sister, then assistant matron at the General Hospital, Kimberley.

In 1921, she was appointed health visitor for Kimberley, and passed the Sanitary Inspector's Examination. Miss Horn is a founder member of the College of Nursing, London; and president of the Kimberley and District Branch of the South African Trained Nurses Association for the past two years.

UNITED STATES

Miss S. Lillian Clayton, president of the American Nurses Association, after graduating from the Philadelphia General Hospital, became a member of the staff. After several years of private duty nursing, she became assistant superintendent of the hospital at Miami Valley, Dayton, Ohio. This was followed by the position of superintendent of nurses at the Minneapolis City Hospital, while taking up a refresher course at the university. After one year as educational director at the Illinois Training School, she was appointed to the superintendency of nurses at her own school, which appointment was further enlarged to include that of nursing director of all the hospitals under the Philadelphia Department of Public Health. During the three war years, Miss Clayton served as president of the National League of Nursing Education.

Her great contribution to nursing education, that of personal example in nursing ethics, obtained recognition in the erection of a bronze tablet, unique in the annals of nursing, and presented to her by the graduate nurses of the hospital in 1929. Her great devotion to duty and the honour in which she is held is expressed in gracious language on the bronze.

Mrs. A. L. Hansen, born in Leeds, England, received her preliminary education at private schools. She graduated in nursing

from Buffalo Children's Hospital Training School. After spending some months in post-graduate work there, she held the position of staff nurse, and finally charge nurse of the North American Civic League for Immigrants. She was also superintendent of the District Nursing Association of Buffalo for nine years. She has held many presidencies: of the New York State Organization Public Health Nursing, of the Alumnae Association, and of the New York State Nurses Association. Now, in addition to being president, National Organization for Public Health Nursing, she is the Director of the Visiting Nurse Association in Buffalo, New York.

Miss Burgess is a native of New England and possesses to a marked degree the durable qualities of character said to be characteristic of that section of the country.

Upon graduation from the Roosevelt Hospital School of Nursing, in New York City, she immediately began her life work in nursing education. She taught successively at Bellevue and St. Luke's in New York, at Michael Reese Hospital in Chicago; returned as State Inspector of Nurse Training Schools. During the war she became Assistant Inspector of Nursing Service. After the war, she became Secretary to the Board of Nurse Examiners and lecturer at Teachers College, Columbia University. Now she holds the position of Associate Professor of Nursing Education. She has served on many important committees in Private Duty and Nursing Education, and has been elected president of the National League of Nursing Education.

Miss Adda Eldredge, a past president of the American Nurses Association, and a member of the Board of Directors, obtained her professional education at St. Luke's Hospital, School of Nursing, Chicago, Illinois, and Teachers' College, Columbia University, New York.

Many types of nursing have come within the scope of Miss Eldredge's professional activities, private duty, teaching, and public health nursing all being included in the range of her interests. She was instrumental in securing state registration in Illinois. As Inter-state Secretary of the American Nurses Association, she contributed much to the state and local organizations and helped to stimulate the association to become the official instrument it now is, for the advancement of nursing and of nursing service in this country.

She assisted with the student nurse reserve of the Council of National Defence during the war, and worked with the New York State Board of Nurse Examiners. She assisted also with the study of nursing made in 1921 under the auspices of the Rockefeller Foundation.

Miss Eldredge has served in many capacities in her organization and from 1924-1928 was president of the American Nurses Association. She now is a member of the Board, and an active participant in committee work. She is the Director of Nursing Education of the Bureau of Nursing Education, Wisconsin State Board of Health.

In addition to her membership in the three national nursing organizations, Miss Eldredge is a member of the National Association of Administrative Women in Education, of the Business and Professional Women's Club, of Madison, Wisconsin, and an associate member of the College Club.

Miss Susan C. Francis was born in Pennsylvania, and received her preliminary education in grade schools and in high school. She took her nurse's training at Reading Hospital, Reading, Pennsylvania, and during the past 20 years has held positions as Superintendent of Nurses, Jewish Hospital, Philadelphia, Pennsylvania; Director of Nursing, Pennsylvania-Delaware Division, American Red Cross; Superintendent of Children's Hospital, Philadelphia, the position she how holds. Miss Francis was elected secretary of the American Nurses Association in 1926, and was re-elected to that office at the biennial convention in 1928.

CANADA

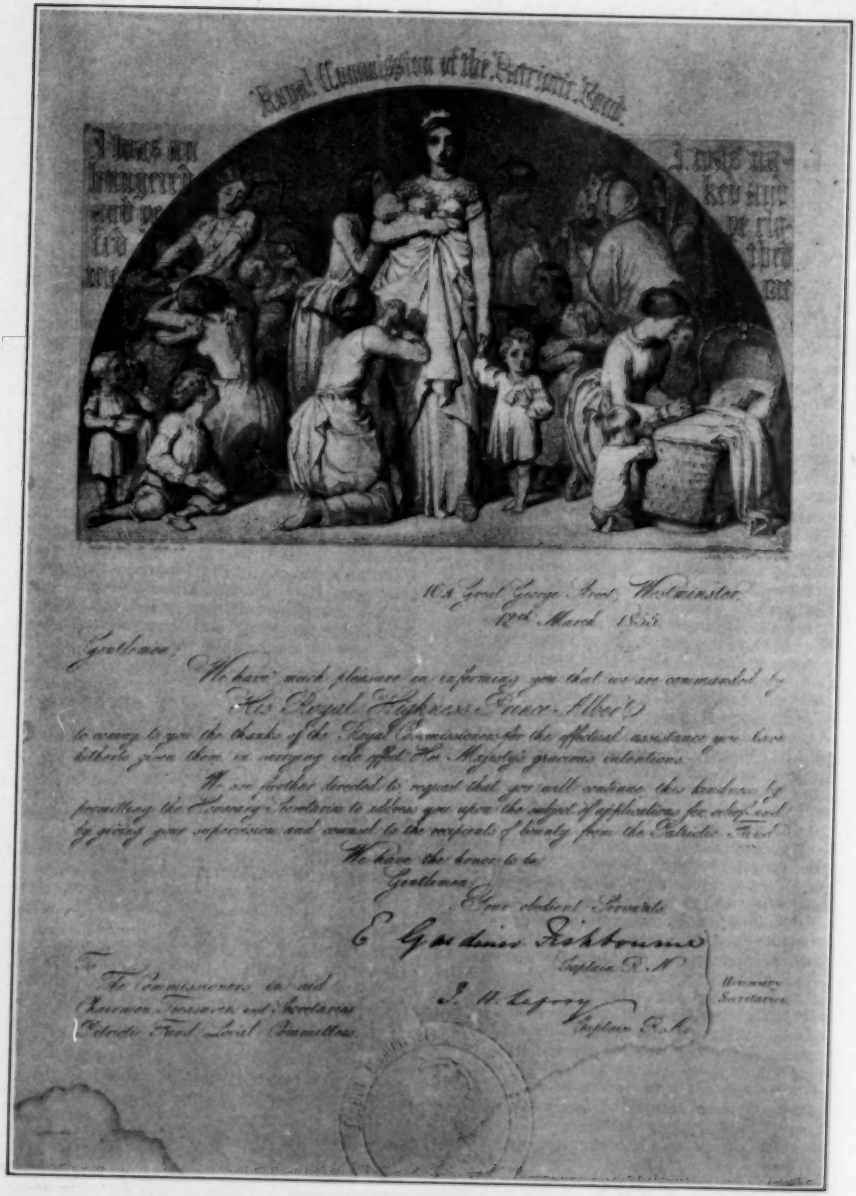
Miss Mabel F. Hersey, president of the Canadian Nurses Association and superintendent of nurses, Royal Victoria Hospital, Montreal.

Miss Jean E. Browne, Toronto, director of Junior Red Cross, Canadian Red Cross Society, and president of the Canadian Nurses Association, 1922-1926.

Miss Mabel F. Gray, assistant professor of nursing, University of British Columbia; honorary secretary, Canadian Nurses Association, 1922-26, and acting president, 1927-1928.

Miss Ruby M. Simpson, honorary treasurer, Canadian Nurses Association, 1926, and assistant director, Division of Public Health, Nursing, Department of Public Health Province of Saskatchewan.

Miss Margaret Murdoch, member of the Executive Council, Canadian Nurses Association, and superintendent of nurses, General Public Hospital, St. John, N.B.


Royal Commission of the Patriotic Fund.
10 A Great George Street, Westminster.
20th March 1855
Gentlemen,
We have much pleasure in informing you that we are commanded by
Her Royal Highness Prince Albert
to convey to you the thanks of the Royal Commissioners for the effectual assistance you have hitherto given them in carrying into effect Her Majesty's gracious intentions.
We are further directed to request that you will continue this kindness by furnishing the Honorary Secretaries to address you upon the subject of applications for relief, and by giving your supervision and counsel to the recipients of bounty from the Patriotic Fund.
We have the honor to be
Gentlemen
Your obedient Servants
E Gardiner Hobhouse
Captain R.N.
J. H. Lefroy
Captain R.A.
Honorary Secretaries
To
The Commissioners in aid
Honorary Treasurers and Secretaries
Patriotic Fund Local Committees

A facsimile of a letter thanking the Colony of Prince Edward Island for Red Cross supplies forwarded to Crimea. The original certificate hangs in the old Legislative Council Chamber at Charlottetown. The Canadian Nurse is indebted to the Graduate Nurses Association of Prince Edward Island for reproduction of this letter.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Staff Education

Providing for the Development and Growth of Staff and the Improvement of Instruction Through In-Service Education

By EILEEN C. FLANAGAN and KATHLEEN B. HILL, Royal Victoria Hospital, Montreal.

It is a striking fact that in nursing literature, references to "in-service education," as a definite policy, affecting the graduate staff, are almost lacking.

The first and almost only recognized efforts made have been by the Alumnae Associations and the nursing journals.

There is a great deal of criticism levelled at the head nurse today. "She is too narrow." "She does not stay long enough in one position." "Teaching on the wards has deteriorated." "Head nurses have not the proper point of view regarding the students' needs, and they lack an objective, which detracts from concentration on the teaching of nurses." Are these criticisms justified? We think that, to a certain extent, they are. But are the head nurses being given any encouragement in adapting themselves to the changed needs of nursing education, or being given any opportunity for self-development?

The fundamental processes necessary in developing an institutional nurse are:

1. Those preceding the special training of a nurse—heredity and education.

2. Preparation in the training-school, which includes a high ethical sense, training in the social graces, proficiency in technique, natural ability and development through large responsibility.

3. Post-graduate work in its broadest sense.

This third phase, the post-graduate, is the subject we are considering.

A committee of the Rockefeller Foundation states that: "the chief function of a hospital executive is to create an environment conducive to the spontaneous creative expression of the group working within the organization." Therefore while it is the duty of those in charge to direct and help the staff in its work, it is also their duty to engender an interest and enthusiasm by giving each member of the staff the chance of expressing any original ideas, and of carrying these out to any extent feasible. This is what keeps interest and enenthusiasm alive in a round of routine duties.

In the nursing service, these results should be brought about through the media of the superintendent of nurses and the head of the teaching department. The psychologists tell us that appreciation is taught mainly by exposing people to those who like the things we wish the people to like, and by attaching satisfaction to the experiences connected with appreciating. In applying this principle to our needs, we desire to find reflected in the members of the staff the qualities which should epitomize the leaders. Words of appreciation, sufficient help to make possible satisfactory work, honour where honour is due, and promotion as deserved, all contribute to the end result.

These, then, are some of the ways by which the right attitudes may be

built up, and we would suggest several methods of sustaining them.

In the first place, it is necessary to take account of the extent to which residence in the institution restricts the personal life of the staff. Their general outlook would tend to broaden, if where practicable, salaries and hours of duties were arranged, so that they might live outside.

While we all acknowledge the value of wide reading, we also have to acknowledge that, in this respect, nurses do not and cannot live up to their ideal. The nursing and medical journals and the newest nursing books should be available, but also a book club among the staff would be a great asset. If at the beginning of each year, the members discussed the reviews of the new books and bought a number of representative ones, these could be used by each in turn and finally given to the general library.

Extra-vocational activities are being more and more stressed for the student nurse, and should not cease when she belongs to the graduate staff.

These interests would be an important factor in making the institutional life more attractive. To enumerate a few: badminton, tennis, swimming, a bridge club, visits to places of interest in the community, membership in the art gallery, in the Women's Canadian Club, the Daughters of the Empire, or the Dickens Fellowship. One of the most attractive ideas is that of a summer camp within reasonable distance.

In addition to church interests, the graduates could participate in the Student's Christian Movement, branches of which are found in several schools of nursing.

Secondly, in enlarging the professional outlook, we would suggest a system of "rotating service," between the head nurses of at least the general medical and surgical services, the public and private wards, and from day to night duty. This rotation could be carried out for a period of a month, and in such a way that not more than two or three wards would be involved at one time. Where this method would not be feasible, as in special wards and services, the object could be partly accomplished by having the head nurses occasionally visit these wards when demonstrations were being given, and for the regular staff rounds.

This would lead to larger experience in the members of the staff, and brings us to the next plan, which is rotation in a broader sense, that is, exchange of service between hospitals in the same city, or better still, in different cities. This would be particularly valuable in operating room work and other specialties. The ideal length of time for exchange would be one year, but six months has been found to be very satisfactory.

The raison d'etre of these schemes is the dissemination of the varying and changing viewpoints, of new clinical ideas and of the latest methods both of teaching and ward management. The rotation system would be very helpful in preparing the new graduate for work afield. This interaction is a stimulant to all, at home as well as abroad, because of that side of human nature, which makes us put our best foot foremost.

The plan of having the members of the staff meet for discussion, is being carried out in many hospitals, and in a few such as Bellevue, it is becoming a well-recognized policy. Their scheme seems to embody all the necessary factors, and we shall use it here as a good working model. The supervisors and head nurses meet separately, but occasionally together. The programmes are arranged in advance, and during the year every member of the staff is given an opportunity to contribute. The classes begin with a discussion of principles of teaching, and these are applied to concrete situations on a ward, such as the morning and evening reports, introduction of new student-nurses, and the holding of clinics. These situations are then demonstrated by the head nurses themselves. Criticism and discussion follow. Besides these subjects, a series of talks is given on housekeeping problems and ward

management. These meetings have been found to increase interest and efficiency, to better organise ward teaching, to clear up misunderstandings, and apparently to reduce the number of resignations.

We also think that every member of the staff should have an interview periodically with her superintendent, for in private talks any personal matter may be discussed, and the setting aside of a definite time proves a time-saver in the long run.

Another factor available for in-service education is the use of extension courses, now given so freely by the Canadian universities. Where this is impossible lectures may be arranged within the hospital, and summer courses can also be followed.

The "rating" system which is used and advocated in general educational schools by which teachers may check themselves and be checked by others, might be helpful to a certain degree, but at present would cause greater difficulties.

In our discussion so far, we have outlined some ways which might help to reduce the too frequent turnover attributed to the graduate staff; suggested ways of giving them the objective, the lack of which is deplored, so that they may be better teachers.

The instructors must work very intimately with the head nurses, if the best results are to be obtained. The criticism of the deterioration of the teaching on the wards will be unnecessary when, theory being the complement of practice, and practice the complement of theory, the term "head nurse" and "teacher" is synonymous.

The methods we have outlined apply to hospitals having a large staff, with varying interests and plenty of material, for instance, teaching hospitals. However, there are many smaller institutions, where these methods would have to be modified to meet the existing situation. The material, though limited, is readily accessible; the interests, of necessity, are narrow; the opportunities for social contacts, few; and, here, more than anywhere, the personal equation is a deterrent factor, unless the staff is able to adapt itself to the conditions of the community.

The burden, therefore, of in-service education in any institution falls primarily on the shoulders of the superintendent of nurses, who must first exercise a good deal of discrimination in the choice of her staff, and then imbue them with her own enthusiasm and ideals; secondly, on the director of the teaching department, who should have an interested and sympathetic attitude towards the ward problems, and lastly, on the graduate herself, who must be open-minded on this subject, and loyally appreciative of the efforts made on her behalf.

"Adult life will eventually come to be regarded, not simply as a putting into practice of education already received but as a process of continuing education with living."

Mental Hygiene and Nursing

GEO. A. DAVIDSON, M.D., Senior Assistant Physician, in Charge of Reception Services, Hospital for Mental Diseases, Brandon, Manitoba.

For some years now medicine has concentrated on prevention of disease more than cure. Although mental medicine has been described as the Cinderella among the other branches of the profession, it has been taking its place in a humble manner during the last few years. If prevention is to be aimed at in medicine generally then it must be aimed at particularly in mental medicine. After all, most of our mental disorders are due to bad mental habits, and if these bad habits are left uncorrected then one

sees difficulties setting in during later life. Most of these bad habits of thought are formed in the home. This article will be confined to mental nursing outside of mental hospitals with a view to pointing out a few features which are characteristic of mental disorder. Due to the very limited space only a brief account will be given.

Habits are largely formed in childhood, and it is at this period that faulty habits of thought may be easily corrected. Wm. A. White says that "the mind is wax to receive but marble to retain" during childhood. Timidity, shyness, sensitiveness, undue suspiciousness, obstinacy and temper tantrums are all things which cry out a warning that they might at a later period cause serious mental trouble. The people who are constantly in contact with children should be trained to recognize these things which later develop into serious disorders. The opportunity for school and public health nurses is great. They owe it to the public generally to receive training to recognize abnormal types. One may be almost certain that the shy, sensitive and timid child, who would rather sit by himself in a "dreamy" manner than to get out and enter into the sports and games of the other children, is an unhappy child who has probably a number of emotional conflicts even at such an early age. Again the child who cannot play with the others without quarreling, demanding his own way in everything, going into temper tantrums if this is not given to him and being generally disagreeable and disliked by the other children, has without doubt had an unfortunate bringing up which will handicap him in the battle of life in later years.

The child with few interests must be given interests. His teacher and others who handle him must gain his confidence and find out what is back of his reserve. She must see that he is learning to "give and take" with other children. Progress may be quite slow, particularly if there are conflicts in the home which tend to suppress and intimidate the child. It is just as important that the self-willed child be taught that he must respect the rights of others if he wishes to get on in society. These are things which are corrected fairly easily in childhood, but become more and more fixed as the years go on.

Some of the mental hospitals in Canada are equipped with training schools for nurses. In Manitoba the mental hospital has offered a two-year course in mental nursing. At the end of this time, if proving satisfactory as nurses, and passing the required examinations, they are granted a diploma in mental nursing. This year the course was lengthened to three years. It is felt that nurses who have completed this course should be given some recognition by the nursing profession as a whole, and that some affiliation should be granted so that if they so desire they can go on and receive their general hospital training by taking an additional two years (or whatever period may be set). That is, the work which they have taken in mental hospitals should be given some recognition. We feel that the nurse who has training in both general and mental hospital nursing is going to be a great asset to her profession. She will be much more completely fitted to deal with **all** types of patients and equally important, she will lose that unreasonable and prejudiced fear that the public and the profession have for people with mental disorders.

Summary

In summing up, then, may we point out the need of:

1. Recognizing mental abnormalities, particularly in children;

2. Preventing the development of these abnormalities and correcting them when found;

3. Proper handling of children who already show suspicious characteristics;

4. The recognition of the work being done in the training of nurses in mental hospital work.

Summer Relief Nurses

By PEARL L. MORRISON, F.B.C.N., Superintendent, McKellar General Hospital, Fort William.

There is a problem to be met in many hospitals at the present time due to crowded space in the nurses' residences, which may be solved in a new way which from my own experience of one year has been a comfort. This method I discovered in England during my investigation there last year, which there, had been very successful.

Many of our hospitals in Canada have not enough nurses for their needs, due to not enough room in the nurses' residences. As hospitals have grown so quickly, nurses' residences have not kept pace with them*. This means difficulty in admitting pupils in desired classes, as there are always members of last year's class left to put in time lost through illness, which hinders their place being filled by new probationers at the right time. It is impossible to admit probationers after April 1st at latest, as classroom instruction must cease during vacation months. If then, several of the graduating class which are due to leave in March have long sick time to make up, it means a depleted staff during the vacation period when nurses are needed worse than ever. It was the overcoming of this difficulty that seemed to me a great discovery, or rather I benefitted by someone else having discovered it, in England. I had not heard of its use in Canada or the United States.

This may be done by circularizing the high schools for graduating pupils who wish to grasp an opportunity to find out if they might be adaptable to nursing, and have not so far decided. There are many girls who "wonder," but do not get to the stage where they are certain enough to announce to their friends that they intend to follow nursing, wait months for admission, go to the expense of equipment, etc. These girls are asked if they would like to enter as summer relief nurses, that is for July and August following close of school, with uniforms provided, and allowance and privileges of first year pupils following probation. This compensates for lack of classroom teaching and they are given a little, such as bed making, etc., on the wards. They help the nurses in so many ways, and relieve the vacation shortage, occupying the beds released by those on delayed time, or vacation. In return they are getting valuable experience for themselves and deciding whether they like the work well enough to follow it by entering as regular probationers (at no cost whatever to themselves, and in so far as maintenance is concerned as well as allowance, they are ahead). Again, they can be judged as to capabilities for nurse training, and encouraged or discouraged to continue.

Last year we tried this in our hospital and found it a decided advantage. Eight students were admitted; one proved to herself (and us) that she was quite unfitted for nursing in two days' time, yet had previously decided definitely to be a nurse, though knowing nothing about it. One was a school teacher who had long wished to train, but hesitated about giving up her school and wanted to be sure. She had already taken a school for the fall, but will enter training this fall. The third was a matriculation pupil whose parents persuaded her to add one more year schooling to get honours and enter training this year. The remainder stayed and entered for probation training in September, having decided they did not wish to leave it at all. Already we have various requests for this summer.

This seems to me a very successful result of a new idea, a benefit to high school students making a difficult decision, a chance for them to observe our life, and for us to observe them;

(*We have 200 hospital beds and 60 pupil nurses beds, 13 of which are in the hospital due to no space in residence.)

a help to them, and a help to us. The same entrance requirements can be followed as for ordinary probationers, which saves future difficulties.

For the hospital which has a nurses residence beyond immediate needs, where classes may be admitted at regular intervals large enough to fill near future vacancies, this plan will have no attraction or need, but for the hospital situated as we are, where no such provision can be made, I hope it may solve a problem as it has for us.

Examinations

(An Editorial from "The Nursing Times," March, 1929)

Our younger colleagues have recently been facing the ordeal of State examinations, and we trust that the sympathy felt for them by older women has been a help and support.

So much has been heard in criticism of the examination system that it is refreshing to come across a champion who admits having burned much midnight oil in cramming. This is Miss Dorothy Horne, Lady Mayoress of Bradford, who was, we understand, a schoolmistress. Presenting prizes and certificates to the successful nurses at Bradford Royal Infirmary, Miss Horne said she was not one of those people who stood up on platforms with certificates in their hands and said, "I don't think much of examinations," or who told others that they had not succeeded in passing examinations but that it did not matter at all. There is a thrill about cramming for an examination that belongs to youth. It is associated with the silence of the examination room and the peculiar smell of the ink with which we wrote the masterpieces that were to decide our fate. Yet to cram is not the ideal way to prepare for an examination, unless our memories are of such a quality that they can continue to hold all we put into them. It is consoling to reflect that we are less likely to forget the things that interest us than those that are merely obligatory. If the patient is the real interest, the easiest road to success is obviously to link up the theory with the actual care of the sick—not always easy, but quite a fascinating mental exercise.

Under present conditions of dovetailing examination work with practical work in the wards, it is not likely that we shall be able to dispense with cramming. We should rejoice to hear that some of the training schools were prepared to make such educational experiment as would spare the ward sister, responsible for bedside care, the frequent and painful spectacle of such constant disappearance of her staff to attend lectures. The solution of this problem, as of most of our nursing problems, is an economic one.

Happy the nurse who is able to spend a year or more on one of the attractive university courses now arranged, for she is free then to devote herself entirely to her preparation for the examination towards which the course is directed, and there should be little actual cramming.

The History of Nursing Society, McGill University

By URSULA WHITEHEAD

This society originated in February, 1928, in response to a suggestion of Dr. Maude E. Abbott of McGill University, that an effort be made to promote interest in the work carried on in the early days by our nursing predecessors.

The members at first consisted of the alumnae and students of the School for Graduate Nurses, McGill University, with several honorary members: Dr. M. E. Abbott, Dr. Helen R. Y. Reid, Miss Adelaide Nutting, Miss Isabel Stewart, Miss M. Hersey and Mother Mailloux of the Notre Dame Hospital.

Later members from the School of Public Health Nursing, University

of Montreal, joined, and this year several of the sisters from the French hospitals attended the meetings.

The society, in spite of its short existence, has had quite an active membership, and is able to pass on to future members at least a nucleus of information on Canadian nursing history.

Meetings are held at the various hospitals in Montreal and papers are prepared and discussed by the members. So far these have been on the following subjects:

History of the Montreal General and its Training School;
History of the Mack Training School, St. Catharines, Ontario;
History of the Toronto General Hospital;
Nursing in the Toronto General Hospital;
History of the Hôtel Dieu, Quebec;
History of the Hôtel Dieu, Montreal;
History of the Early Military Hospitals in French Canada.

A chart has also been prepared showing the growth of nursing in the province of Quebec from its origin to the present day.

The papers have proved very interesting and are kept in the archives of the society to help in the compiling of a History of Canadian Nursing. This is one of the primary objects of the society, and as a means of contributing funds toward research in this line we are now working on a booklet on "Pioneer Nurses in Canada," with the hope of interesting our visitors at the coming Congress.

Each group of students at the nursing departments of the two universities automatically falls heir to the carrying on of the work begun by the society; we look to them in the future for collecting material on this subject of Canadian nursing that interesting information may be made available in book form for all.

McGILL UNIVERSITY SCHOOL FOR GRADUATE NURSES

New Appointment to the Teaching Staff

The School for Graduate Nurses is very happy to announce the appointment of Miss Isabel Stewart Manson, R.N., B.A., to their teaching staff. Miss Manson will have charge of the courses in Public Health Nursing. Her unusual preparation and experience in the field of public health enables us to develop and broaden the scope of the courses offered. A course in Supervision in Public Health Nursing and one in Organization and Administration of Public Health Nursing will be added to the curriculum.

Miss Manson is from Western Canada, where she received her preliminary education. Before entering the field of nursing, Miss Manson attended the Normal School at Saskatoon and taught for one year. In 1919 she entered the University of Saskatchewan, graduating in Arts in 1922. Directly following, she entered the School of Nursing at the Presbyterian Hospital, New York City, graduating in 1925. Her course in nursing included four months' experience in visiting nursing with the Henry Street Visiting Nursing Association, together with correlated lectures in Public Health Nursing at Teachers' College, Columbia University.

Miss Manson then joined the staff of the Victorian Order of Nurses in Winnipeg. While there she was granted a Victorian Order scholarship for post-graduate study in the Public Health course given by the League of Red Cross Societies in London. This course is arranged by the League in co-operation with the College of Nursing and Bedford College for Women (University of London). Lectures were held chiefly at Bedford College. The field work included time with health centres in and out of London, a metropolitan borough health council, and visiting with health visitors and the Queen's Nurses working both in London and rural areas.

At the invitation of the League of Red Cross Societies, Miss Manson, with other international students, had the privilege of visiting Paris and other centres to study public health nursing in France. The course was extremely valuable, not only because of its content but because of the unique opportunity of intimate association and discussion of health problems with nurses representing almost every nation. On her return, Miss Manson was appointed as an assistant teacher and supervisor with the Victorian Order of Nurses in Montreal.

Miss Manson comes to us with the highest recommendations as a field worker, teacher and supervisor. Her ability, academic and professional qualifications and experience therefore insure a sound instruction and preparation of the students in public health nursing at McGill University.—Bertha Harmer, R.N., M.A., Director.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

An Interesting Case of Diphtheria

By F. S. MACPHERSON, M.D., Edmonton, Alberta

A little girl, aged 9 years, when first seen about 11 p.m. on November 21st, was much prostrated and having a hard struggle for air. The odour at a distance of ten feet from the bed was extremely offensive. Closer examination showed both sides of the nose to be filled with membrane and the usual thin watery discharge of diphtheria issuing from both nostrils. The soft palate, uvula, tonsils and base of the tongue were covered with extensive greenish colored membrane. The history was that the patient had complained of sore throat four days previous. The diagnosis of extensive advanced diphtheria was evident, and she was removed to hospital at once.

On admission her condition was T. 101.2, P. 116, R. 26. About midnight she was given 20 thousand units of antitoxin intramuscularly. In one hour she received 40 thousand intravenously. Her condition during the night was very poor. She was extremely dull mentally, pulse very rapid and intermittent as to rhythm and volume, and respirations quite irregular both as to depth and rhythm. A marked degree of cyanosis was present constantly.

At 6.30 a.m. November 22nd, the nurse became so alarmed that the attending physician was summoned hastily as well as the parents and priest, as it appeared that death was imminent. About 9 o'clock she received a further dose of 40 thousand units intravenously. The nurse's note for 12.45 noon is "colour improved, pulse fair quality." At 8 p.m. there was evidence of the membrane commencing to separate. The next day she received a further dose of 20 thousand units antitoxin intramuscularly.

The only complication of any moment was an acute nephritis. On the tenth day after admission the urine showed albumen, "heavy trace" pus and granular casts and the 24-hour excretion, ounces 13. The thirteenth day the total output was ounces 8. The condition gradually improved so that on the 16th day the total output was ounces 24, and next day ounces 34.

Having in mind that terrible ghost that haunts all severe diphtheria cases, myocardial failure, the patient was kept as quiet as possible. However this patient did develop some neuritis, and consequent paralysis, but fortunately only of the palate and ciliary muscles. The former was evident on the 29th day by nasal quality of the voice, and the latter was discovered on returning home and given the "funny papers" to look at. She could not read nor even make out the pictures. Both these instances of neuritis cleared up in about two weeks.

The patient was discharged from hospital on the 29th day after admission (or the 33rd day of disease), and removed home in the recumbent position on the promise of the parents to keep her quiet in bed for two weeks.

It seems almost unnecessary to note that this patient had not received the toxoid prophylactic injections owing to the opposition of the parents. Now, however, all of the children are to receive this treatment.

Many among the laity believe that the severe forms of paralysis following diphtheria are the direct result of antitoxin. It is, however, pretty conclusively proven that this view is incorrect, that the cause of such nerve damage is toxin as shown

by the comparatively large dosage of antitoxin and insignificant amount of paralysis shown in this case.

In summing up there are one or two points illustrated by this case that should be stressed:

1. At least one hour before administering antitoxin intravenously, a dose should be given intramuscularly to ascertain presence or absence of hypersensibility for foreign proteins, i.e. anaphylactic shock.

2. The intravenous method of administering antitoxin, given slowly, is safe, the action more rapid and much more effective.

3. Dosage—As we cannot measure or even estimate accurately the amount of toxin the proper dose of antitoxin must always be uncertain. An initial dose under 20M. has little, if any, curative value. An average case should receive 40M first dose, and a severe case from 80 to 100M. first dose.

Nursing Care

The nursing care of the above reported case is described by Miss Frances E. Welsh, superintendent of nurses, Isolation Hospital, Edmonton.

The nursing care of Dr. MacPherson's case of diphtheria might be regarded as one of those extreme cases requiring constant and strict observation with unremitting nursing care.

The patient was kept in a recumbent position with the foot of the bed elevated for eighteen days, and was not allowed to help herself in any way either to read, amuse herself with toys or feed herself.

Steam inhalations were constant. Listerine and hydrogen peroxide sprays were used to cleanse the throat and the nose, and frequent sips of water kept the mouth moistened. The swollen glands were treated with antiphlogistin, and enemata were given in preference to laxatives during the severe stage.

As there was great difficulty in swallowing, the diet at first was restricted to light liquids, and increased as the throat improved.

When the kidney complications appeared the patient was immediately placed between blankets with a strict liquid diet, while the usual routine of urinalysis was carried out. The daily purge of magnesium sulphate was also given at this stage with a liberal supply of fluids.

My Most Interesting Case

By MAUREEN CARLEY, Victoria, B.C.

The private duty branch of nursing offers untold opportunities for coming in contact with all that is interesting in the nursing profession. It is the special duty nurse who attends the patient at the height of the illness, for as a general rule it is only when a patient is very ill that a special nurse is required; then she is there to note every symptom, and watch the development of the case for any indications of complications.

Each of fifty-four cases I have had since graduating two years ago has been of a totally different nature, so that to one new in the field they were a constant source of interest.

Of these probably the most interesting, was a case I was fortunate enough to have a little over a year ago. This patient had been in poor health for about fifteen years, was thin and unable to gain in weight, there was a chronic acne condition of a very severe form, and she was subject to severe colds. Other than this there were no definite symptoms.

She was admitted to hospital for observation and examination. After a cystoscopy it was discovered that one kidney had ceased to function, and in all probability had been in this stagnant condition for many years.

A nephrectomy was performed and one kidney removed which weighed five pounds (normal kidney weighs approximately five ounces). The interior of the kidney revealed huge cavities filled with pus and stones, some of the stones being more than an inch in diameter.

The patient, though her condition was poor at the time of the operation made a remarkably rapid recovery. Almost immediately the acne condition began to clear up, her appetite improved, and she made a gain of several pounds before she left the hospital. In the course of time it became evident that there was no longer the tendency to catch cold, and there was a general improvement in her condition, which has since proved to be lasting.

In spite of the serious nature of the case the patient was always exceptionally cheerful, and had a keen sense of humour.

A Royal Jubilee Hospital Bard was therefore inspired and wrote the following rhyme in honour of the departed kidney.

Ode to a Kidney

I had a little kidney,
It had always lived with me.
But it wasn't very useful
As far as I could see.

So I took it to a doctor
And he wisely shook his head
"Say farewell to your kidney,
I must take it out," he said.

So he seized the fated victim
One Friday, in the morn,
And I, unhappy mortal,
Of my kidney I am shorn.

It was bashful and retiring,
But now it bursts with pride,
For it had its picture taken
Front and back and on its side.

But that kidney was intended
For a laurel greater still,
For it went to famous lectures
Where M.D.'s could gaze at will.

Book Review

Materia Medica Note-Book, by Mary Sewall, R.N., Fabiola Hospital, Oakland, California; published by J. B. Lippincott Company, London, Philadelphia, and 201 Unity Building, Montreal. Price, $1.50.

This Note-Book for Materia Medica and Therapeutics is to be placed in a loose leaf folder and pages added between the index pages; thus it may be used as a guide for the teacher and pupil in the study of this subject.

Each index page contains a list of commonly used drugs in that group, in some cases supplemented with a few facts concerning their use. Each page is coloured to represent the principal action of the group of drugs; orange colour denoting stimulation, blue colour denoting depression, and white colour denoting other groups, e.g., specifics, acids, alkalies, etc. These pages provide a definite division between the groups of drugs. The use of colour in connection with the classification of drugs intensifies this division. The orderliness of the note-book, with tabulations arranged in order, render it easily accessible for the purpose of study and review. Finally, when completed, it would make a very valuable and attractive note-book.

It meets a need as a guide in the field of materia medica and should be of inestimable value both to teacher and pupil.

—Mildred M. Reid.

International Council of Nurses Congress, July 8 to 13, 1929, Montreal, P.Q.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

*A System of School Medical Inspection**

By F. S. BURKE, M.B., Director of Medical Services, Department of Public Health, Toronto

When your committee in charge of programme assigned me the paper "A Model System of School Medical Inspection," they select a subject that is very full of controversial possibilities, as few, if any, cities carry out school medical inspection in the same way. For that reason I approach it with a certain amount of hesitation. We do not all agree as to what municipal department should carry out school medical inspection, i.e., the Department of Health, or the Department of Education. We do not all agree whether it should be done by physicians, nurses or teachers, or a combination of the three. Our records are all dissimilar and our ideas on just how important school medical inspection is, and, if it is important, what special phase of it is the most important, do not agree.

By questioning the Fellows of the Rockefeller Foundation who come to us for certain work in public health, I am forced to the conclusion that more or less specialized work goes on in many cities. These men spend many months observing and I have endeavoured to get their views on the school work they have observed prior to coming to our department. These views vary. For example, one told me that in a certain city the emphasis was on posture, and that the authorities were directing their energy towards finding every "crooked" child as well as some who were not. In another city it seemed that perhaps an excessive amount of attention was paid to vision or to diet. I can quite understand this being true if examinations are made by volunteer or part-time physicians. They are bound to stress unconsciously the specialties towards which they lean, and this is an age of specialists. On the other hand, full-time physicians with a good knowledge of public health, are more liable to apply school medical inspection in its broadest sense.

Many years ago Dr. Hastings decided that school medical inspection was a very important part of public health, and he formulated his plans accordingly. Eleven years ago he took over from the Board of Education the school health service, and by a judicious and far-sighted policy he has evolved the system which I propose shortly to describe.

First of all let us consider some of the fundamentals. In what department of the city's government should this work be placed? We are thoroughly convinced, seeing that the work is largely in the field of preventive medicine, that it rightly belongs to the Department of Public Health. There are some excellent arguments for this, particularly the fact that the school health work can be successfully linked up, without any overlapping, with the health department's existing prenatal, child welfare, and pre-school activities and with the control of communicable diseases. We are convinced also that the actual work itself should be carried out by full-time physicians selected by the medical officer of health and possessing, if possible, the Diploma of Public Health. It is possible to demand from full-time physicians a quality of work in keeping with its importance. We are all aware that a municipality can pass by-laws dealing out public health *en masse*; this is an impersonal thing. But it is only at the school medical

(*Presented at the annual meeting of the American Association of School Physicians, during the meeting of the American Public Health Association, Chicago, October, 1928, and reprinted from the "Canadian Public Health Journal," January, 1929.)

inspection that we have the opportunity of meeting the unit of population. It is there that the opportunity is given us to talk quietly and privately to the child and his mother. It is at the school medical examination that we have the one opportunity of bringing the human element to bear on the budding instincts of the child and at the same time to gain the mother's confidence and respect. Furthermore, these examinations take place when the child is at an impressionable age, in the building where he goes for all his learning; the work is carried out in an atmosphere which tends to make the child understand it to be part of his general education. The physician has the opportunity of laying the foundation for future periodic health examinations and above all, through his impersonal interest in the general welfare of the school child, he is armed with a powerful weapon for the defence of orthodox medicine and he can guide the parent back to the safest path known, that of the family physician. You must agree then that this work is worthy of the highest qualifications; its effects are too far-reaching to be placed in lesser hands.

For purposes of health administration Toronto has been divided into districts. The boundaries of these districts are influenced to a certain extent by natural barriers, such as watercourses or ravines and the main lines of railways, and by the number and size of schools, as it is important that the district medical officer should be able to complete his round of school work each year. One district is much like another in that it has approximately 60,000 to 70,000 inhabitants with about 10,000 school children. A district office is maintained at a strategic position and in most districts sufficient space has been found available in police stations. These offices are in no way intended for the reception of sick or for holding clinics, but are solely for purposes of administration.

The personnel of a district office consists of the district medical officer, the district superintendent of nurses, eight or twelve nurses, all full-time, and the representative of the social agencies, in our case the Neighbourhood Workers' Association, also full-time. Thus, we have a self-contained unit ready to deal with any routine question that may arise in that district, but, of course, referring any problems involving the policies of the Department to the Medical Officer of Health.

It is demanded of the district medical officer that he visit and work each school once a week, preferably on the same day and hour, and maintain that schedule throughout the term. We have schools in which the doctor's weekly time-table has not changed in seven or eight years. This gives the district mothers an excellent opportunity to bring their problems to the school doctor, and to discuss the welfare of their children. A district should have the equivalent of 10 schools of about 25 classrooms of 45 pupils. A district medical officer examines approximately 2,500 children per school year.

If I were asked, "What is the most important function of the school medical officer?" I should at once reply, "Health teaching;" and to accomplish that, it is necessary that the mothers be present at the routine physical examination. Last year out of 22,000 children examined, 11,000 were accompanied by a parent. We consider it rather more important that the parent should accompany the six-year-olds, and our percentage of parents rises to about 70 per cent in this group.

The examination should be made with the consent and co-operation of the parent, and we have educated the public to this point where probably less than one per cent object to any type of examination. Four or five per cent tolerate our efforts with great Christian fortitude, but the balance are with us; some may be critical, but they are not hostile. The examinations gain greatly in importance by being made in private, that is, mother and child, nurse and physician. The child should be stripped to the waist, except of course, in the case

of the older girls, and each organ commented on as the work proceeds. For instance, it means very much more to the mother to be told that the child's lungs are sound than that the child is normal. I think we should never overlook the fact that to the parent it is just as necessary to stress the negative as the positive findings. Following the examination the findings should be summarized for the mother's benefit. When a defect is found I do not think it necessary for the district medical officer to attempt to make the ultimate diagnosis there and then. I think it is sufficient for him to decide whether or not a defect exists, whether the case needs either supervision or correction by the family doctor or hospital. He should make sure that the parent understands this and should describe the effect on the child's future career if the defect be left uncorrected. He should notify the family doctor* that the parent has been told of the existence of an apparently abnormal condition, and for the time being, that is as far as the matter should concern the district medical officer, the nurse making the next contact.

(Form Letter)

Date.....

Dr.....

.....

Dear Doctor:

I am instructed by Dr. Charles J. Hastings, Medical Officer of Health, to bring to your attention a school child by the name of

.....

living at.....

and attending.....School.

whose parents state that you are the family physician.

Owing to the opportunity afforded us for the almost constant observation of this pupil by teacher, nurse and finally the school physician, the following apparently abnormal condition has been noted and the parents advised to consult you.

.....

.....

.....

If there is anything that the Department of Public Health can do to aid in follow-up, subsequent to your treatment, please telephone the district office.

.....

Yours truly,

.....M.B.

District Medical Officer.

(*See form letter to physician.)

The time consumed by the examination of a normal child is 10 to 12 minutes, so that the physician can examine about 16 children per morning. To this must be added other miscellaneous work the nurse may present for solution. Amongst the older children whose history has been well followed throughout the school year, a better rate of approximately 20 examinations per morning can be attained.

A school medical officer should have sufficient time at his disposal to make a final examination of the pupils in the graduating class before they leave the public school system. He should check up on any abnormalities that have been recorded against a child, making a final comment on the card concerning them. But above all, he should give the child vocational guidance in case his school career should end at this time.

In the month of June, just before summer holidays, the defect files should be inspected, and each child with an abnormal condition should be seen in order to check up progress or otherwise and have recorded upon his card anything of note. The findings of this review of the defects give each school nurse sufficient home visiting to carry her through the summer. It also gives her renewed assurance in pressing for action on old cases. It gives her a fresh list of urgent cases. It renews and freshens her interest generally.

The number of examinations in public school life, or the frequency with which we should make these regular physical examinations depends on several correlated activities. It depends upon how close a contact or supervision the school nurse is able to maintain, and at what intervals the district medical officer visits the school. If, for example, the school nurse visits the school daily, and the school medical officer weekly, I believe that not more than two or three routine physical examinations are necessary in the public school life of a child. I think it is generally accepted that the majority of defects

have already developed when a child reaches the age of 6 years. Between 6 and 12 years the new defects developing are largely those of vision and hearing and defects arising out of infectious diseases. Vision and hearing defects are usually soon detected by the teacher who has a daily opportunity of referring them to the nurse. Defects following infectious diseases are often reported when the child returns to school, following the release from isolation. If then we decide to do the minimum number of examinations with adequate follow-up, I would suggest a thorough examination of every child upon entering the junior-first class. This usually represents an average age of 6 years. At this examination will be found any abnormal condition militating against a normal school career. Past experience has shown us that 35 per cent of this age group have abnormalities. Parents as a whole are willing to co-operate in the correction of defects if one can prove that the existing defect will prevent the child from doing well in class. The next routine physical examination is carried out in the junior-fourth class. This represents an average age of 11-12 years, and amongst other things this examination should be the starting point of vocational guidance in those who have permanent abnormalities. This age group averages about 30 per cent abnormalities most of which have made their appearance since the primary examination in the first class.

These two routine examinations in Jr. Ist and Jr. IVth are sufficient for the majority of pupils but there is another group, the dull normals, whom we are liable to overlook unless we institute an examination by age and not by academic attainment. In other words, there is a substantial group who are not in the special classes for the mentally retarded, yet never advance beyond a certain point in their studies, and who do not get to the Jr. IVth by the time they are 12 years old. It is suggested then to ask each principal annually for a list of those pupils who are 12 years old in all grades under the Jr. 1Vth. This plan gives these children a yearly examination and these are the ones above all others who require vocational guidance. The other groups that should receive more than average attention and not less than one routine physical examination per year are those in the sight-saving, deaf and "hard of hearing," mentally retarded and open air classrooms, also in the forest schools; in other words, all children selected for any form of auxiliary teaching should receive more than the ordinary amount of medical supervision. Pupils in classes for crippled children should be seen by a psychiatrist as well as by the school medical officer.

(Concluded in June issue).

Health Examination for Normal School Students

The Manitoba Department of Education has been requiring normal school students to pass a medical health test. As a result of the test quite a number of students had to withdraw this fall from the several classes. The examination was conducted by medical men appointed by the Government of each centre where the normal schools are situated. In addition to the tests for physical fitness, tests were also made in oral English, written English, and silent reading. Several students failed in these tests also. On the whole, the health tests revealed that a larger proportion of the normal students were of poor physique than is generally thought. The Department purposes emphasizing physical instruction in secondary schools. (The School, Toronto, Ont., December, 1928.)

Imperial Baby Week

Challenge Shield Competition

The National Baby Week Council, England, awards annually a handsome Silver Challenge Shield (donated by the "News of the World") for the most effective local Baby Week Campaign held throughout the Empire, including the Irish Free State, but excluding the British Isles. Conditions vary enormously throughout the Empire, and therefore each campaign is judged on its merits, particularly in relation to the way in which it is devised to meet the peculiar circumstances of the district it is to cover.

The Shield was won for 1926-27 by the Health and Baby Week Committee of Bellary Municipality, Madras Presidency, India, and for 1927-1928 by the Baby Week Committee of Benoni, Transvaal, South Africa.

The regulations of the 1929 competition are announced as follows:

1. A Baby Week Committee may be formed by any municipality or voluntary body for the purpose of organizing a Baby Week in any geographical administrative area within the British Empire, including the Irish Free State, but excluding the British Isles.

2. Any Baby Week Committee so formed is eligible to compete for the Imperial Baby Week Challenge Shield.

3. A Baby Week Campaign, which must be announced as such and which may or may not, according to the discretion of the Competing Committee, be combined with a Health Week, must be held between June the 1st, 1928, and such time as will enable the records to be transmitted to, and received by, the National Baby Week Council Office in London, on or before June the 1st, 1929.

An extension of closing date to June 14th, 1929, will be allowed in the case of entries from those places (Australia, New Zealand, etc.), involving five weeks—or more—mail transmission to England.

4. Competing Committees must supply the following information:

(a) Entry Form on which is to be given certain information specified thereon. This form is attached to this sheet. Copies may be obtained direct from the National Baby Week Council, or from the Imperial Headquarters of the area concerned.

(b) A full description of the programme carried out together with an account of the special difficulties and problems presented by the local conditions as they affect the welfare of mothers and little children. Such accounts may be illustrated by photographs, and should be accompanied by copies of any leaflets, posters, and similar propaganda material used in connection with the Campaign, also by cuttings from articles in the Press which have preceded, accompanied or followed the campaign as being part of the local Baby Week activity. Special attention should be given in this account to any novel features (such as the use of special films) and of any ingenicus devices to secure local interest.

N.B.—In awarding the Shield full consideration will be given to the measure of initiative and energy spent in carrying out the appropriate scheme.

NOTE.—It should be borne in mind that a local Baby Week Campaign is intended to be purely of a propaganda and educational nature, and must not in any way be made the medium for furthering the interests of any commercial undertaking.

Entry forms may be obtained from Dr. Helen MacMurchy, Chief Welfare Division, Dominion Department of Health, Ottawa, or the Chief Medical Health Officer of each Province. (Canadian Child Welfare News, Feb., 1929.)

INTERNATIONAL COUNCIL OF NURSES—Montreal, July 8th-13th, 1929

The Committee on Arrangements for the Congress ask that:

1. All nurses who have completed their arrangements regarding rooms during the Congress, and have not sent to the secretary information regarding personnel of party and branch of nursing engaged in, please do so as soon as possible.

2. It is absolutely essential that nurses state upon what date they expect to arrive in Montreal before reservation can be made.

3. Nurses are urged to send requests for reservations to the office of the Arrangements Committee as soon as possible.

4. Nurses who have booked reservations in more than one hotel, when only one is needed, are requested to notify the secretary as to their choice, so that fair play may be accorded to all.

5. Nurses are requested not to make application for accommodation for others than nurses, as choice accommodation is limited.

6. There are no more single rooms or rooms for two persons now available in hotels, unless parties of two will accept double beds. There is no more available accommodation at the Y.W.C.A., and rooming houses are asking that very large rooms for four persons be accepted; some of these will be equipped with double beds only. There are, of course, many single rooms, too, in rooming houses.

Miss Margaret Moag, convener, Transportation Committee, has submitted the following information for publication:

The Canadian Passenger Association has authorized reduced fares on the Identification Certificate plan for all who will attend the I.C.N. in Montreal. Upon presentation of Identification Certificates round trip tickets at fare and one-half will be issued.

Dates of sale are as follows:

	Dates of Sale	Return Limit
Eastern Lines—		
From east of and including Armstrong, Fort William, Sault Ste. Marie, Ont., and the St. Clair and Detroit Rivers	July 4-10	July 20
Western Lines—		
From west of Armstrong and Fort William, and including points in Saskatchewan, Manitoba and Ontario	July 4-10	July 20
Points in British Columbia	July 2-8	July 28
Points in Alberta	July 3-9	July 21

and in addition round trip tickets at fare and three-fifths, with thirty-day limit, will also be issued.

For western sections the usual summer rates may be less expensive and nurses are advised to consult local ticket agents for comparative rates and date of sale.

All tickets must be validated at Montreal before return journey is commenced. (Under the Identification Certificate plan, validation simply means stamping of the ticket by the ticket agent.)

Identification Certificates may be obtained from the following provincial representatives:

Miss L. F. Fraser, R.N.,
Room 10, Eastern Trust Co., Bldg.,
Halifax, N.S.

Miss A. J. McMaster, R.N.,
Moncton Hospital,
Moncton, N.B.

Miss Anna Mair, R.N.,
Royal Edward Hospital,
Charlottetown, P.E.I.

Miss Matilda E. Fitzgerald, R.N.,
279 Willard Ave.,
Toronto 9, Ontario.

Miss E. Carruthers, R.N.,
753 Wolseley Ave., Winnipeg, Man.

Miss E. E. Graham, R.N.,
Regina College, Regina, Sask.

Miss Helen Randal, R.N.,
125 Vancouver Block, Vancouver, B.C.

Miss D. Mott, R.N.,
110 18th Ave. West, Calgary, Alta.

Miss E. Armour, R.N.,
Jeffrey Hale Hospital, Quebec, P.Q.

All nurses should reach Montreal by the morning of Monday, July 8th, as the first meeting will be at 2 p.m.

Post-Convention tours in Canada and U.S.A. are being arranged by Thos. Cook & Son, who will shortly issue an attractive folder. Canadian nurses may obtain these folders from the same provincial representatives who will issue the certificates.

Annual Reports, Provincial Meetings

I.

THE GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

The annual meeting of the Graduate Nurses Association of British Columbia was held on April 1st and 2nd in the Vancouver General Hospital, with the president, Miss K. W. Ellis, in the chair. Between fifty and sixty nurses were present.

At the meeting of the Public Health Nursing Committee, with Mrs. John Gibb in the chair, a most interesting address by Dr. E. Johnston Curtis on "Some Aspects of Pediatric Nursing" was given; also Dr. M. D. Meekison gave an inspiring talk on "Visiting Nurses and Orthopedics."

In the Education Committee meeting, Miss Mabel Gray was in the chair. The minutes were read and reports of all special meetings were given. Then there was a visit to the Maternity Department and the Infectious Diseases Department of the Vancouver General Hospital. Tea was served by the Vancouver General Hospital Alumnae Association and the Vancouver General Hospital, after which there was a meeting of the council.

At the evening meeting at 8 p.m. the invocation was made by the Rev. C. A. Williams, and there was a most inspiring address given on "The Need for Leadership" by Dr. George M. Weir, which was greatly enjoyed by all present. The president then read her address, and the minutes of the last general meeting were read by the secretary. The registrar's report and the report of the Inspector of Training Schools were given by Miss Helen Randal; after which the ballot box for the election of officers was closed and the nurses were invited to have refreshments, which were served by the Vancouver Graduate Nurses Association and St. Paul's Hospital Alumnae Association.

On Tuesday, April 2nd, the speaker in the morning was Dr. Howard Spohn on "The Training of Pediatric Nurses," and a visit was paid by the attending delegates to the Private Pavilion of the Vancouver General Hospital and a demonstration of central dietary service was shown. Then an address by Dr. Edith Bryan, of Berkeley University, California, on "Public Health Nursing" was given.

At the afternoon session the speaker was Dr. T. H. Lennie on "The Modern Aspect of Goitre," which was most interesting. After the lectures a general discussion took place, and it was decided by the floor to send two delegates to the International Congress in Montreal and partially meet their expenses. All the reports of the standing committees were submitted to the floor and any unfinished business was dealt with before the election of officers and councillors for the coming year was placed on the board.

In the evening a banquet was held in the Hotel Georgia and Dr. Edith Bryan, of Berkeley University, California, again honored the meeting by speaking on "Mental Adjustment in Every-day Life." Dr. Bryan spoke on the necessity of individual stock-taking and the conquering of self-consciousness in public and showed how this could be accomplished by self-forgetfulness and concentration on the subject. The meeting was adjourned after a most successful session.

Officers and councillors elected: President, Miss K. W. Ellis—by acclamation; 1st vice-president, Miss M. Campbell; 2nd vice-president, Miss M. Mirfield; registrar, Miss H. Randal—by acclamation; secretary, Miss M. Dutton; convener, Nursing Education, Miss M. F. Gray—by acclamation; convener, Public Health, Miss E. Breeze; convener, Private Duty, Miss P. Cotsworth; councillors, Misses M. Ewart, Boggs, E. Franks, M. Stuart.

II.

THE REGISTERED NURSES ASSOCIATION OF ONTARIO

The fourth annual meeting of the Registered Nurses Association of Ontario was held in Kingston, April 4, 5, and 6, 182 members being registered. Too much cannot be said for the arrangements made by the Kingston nurses. The spacious city buildings provided most satisfactory accommodation for meetings and exhibits. The banquet on Friday evening was held at the La Salle Hotel. Sisters and nurses of the Hôtel Dieu and the General Hospitals were hostesses at tea on Thursday and Friday. The Kiwanians arranged a very interesting motor drive on Thursday afternoon.

The general business meetings held Thursday morning and afternoon and Saturday morning were presided over by Miss Florence Emory, president. At the opening session, Miss Emory gave a most inspiring address, "The Challenge of the Future." The reports of committees, sections and districts showed a very gratifying progress, but also the need of much further development. The membership has increased to 1,629—an objective of 1,830 has been set for the coming year.

The officers elected for the coming year are: President, Miss E. Muriel McKee, Brantford; 1st vice-president, Mary Millman, Toronto; 2nd vice-president, Miss

Marion May, Ottawa; secretary-treasurer, Miss Matilda Fitzgerald, Toronto.

The place of the 1930 meeting is to be Toronto.

The evening open session was presided over by Miss Anne Baillie, superintendent of nurses, Kingston General Hospital. Addresses of welcome were given by the mayor and representatives of the two hospitals. Dr. F. N. Biggar, National Commissioner, Canadian Red Cross Society, spoke on the "High Cost of Sickness."

At the separate section meetings on Friday morning there were excellent papers and discussion. In the Nursing Education Section the discussion in response to a "Question Box" centred chiefly about nurses' residences, supervision of the same, and nurse instructors. In the Private Duty Section, Dr. A. E. McGhie, Hamilton, read a paper on "The Interpretation of Some of the Newer Clinical Laboratory Studies," and Dr. L. F. Austin, Queen's University, spoke on "The Evolution of Nursing." The Public Health Section was devoted to a symposium on County Health Units.

The joint round table held in the afternoon had as its topic "Mental Health." This subject was approached from the viewpoint of the home, nursing school, school, industry, and the hospital. Dr. Archibald McCousland, Kingston, directed the discussion.

At the banquet Miss Hersey, president of the Canadian Nurses Association, spoke on plans for the International Council of Nurses Congress in Montreal, following which Principal Bruce Taylor, Queen's University, gave a most witty address.

III.

REGISTERED NURSES' ASSOCIATION, SASKATCHEWAN.

The twelfth annual convention and fifth annual institute of the Saskatchewan Registered Nurses Association was held in Saskatoon Public Library, Saskatoon, on April 3rd, 4th and 5th, 1929. Ninety-five nurses registered from eighteen different parts of the province.

The general meetings were well attended and a keen interest was shown by all present.

The question of scholarships was thoroughly discussed by the delegates in attendance, and as a result it was decided that a scholarship of five hundred dollars for University Post-Graduate study be given this year, open to any nurse registered and in good standing in Saskatchewan, the course to be for teaching and administration in schools of nursing.

The organization of a Nursing Education Section of the Association was decided upon. This Section will consist of all superintendents of nurses and all instructors of nurses in the province with an executive committee of five members. Meetings will be held annually, at the time of the annual meeting of the S.R.N.A. The supervision of the curriculum for nurse training schools is to be one of the duties of this committee.

Three delegates to the International Congress of Nurses were appointed:

Miss R. M. Simpson, to represent the Public Health Section; Miss S. A. Campbell, to represent the Nursing Education Section, and Miss C. M. Munro, to represent the Private Duty Section.

The officers elected for the coming year are: President, Miss R. M. Simpson, Regina; First Vice-President, Miss Jean MacKenzie, Regina; Second Vice-President, Miss M. H. McGill, Saskatoon; Councillors, Miss Montgomery, Fort San; Sister O'Grady, Regina; Conveners of Standing Committees: Nurse Education, Sister Mary Raphael, Moose Jaw; Public Health, Miss Elizabeth Smith, Moose Jaw; Private Duty, Miss M. C. Munro, Saskatoon.

The programme of the Institute which followed the business meeting, included three lectures on "Physio-therapy," by Dr. E. E. Shepley, two on "Mental Hygiene, and Public Health," by Dr. S. R. Laycock, and one by Dr. Munro, "The Relation of the Medical and Nursing Profession from the Standpoint of Nurse Education."

Dr. Shepley's lectures followed a definite course in physio-therapy, beginning with the nature of physio-therapy, leading to the conditions in which physio-therapy is indicated, and concluding with practical points in its application.

Dr. Laycock's lectures dealt with mental hygiene as of particular interest to nurses. In the second lecture the mild mental maladjustments of the average patient were discussed.

Dr. Munro in speaking of the relation of the medical and nursing profession from the standpoint of nurse education stressed the facts that nurses in training need kindly discipline, good instruction, an understanding of the treatment they are giving, why it is given and what effect such treatment will have on the patient and the disease.

Miss S. A. Campbell spoke on "The Case Record System in the Education of the Nurse," demonstrating her points with some examples of case records which had been made by pupil nurses.

Miss Nan McMann, Western Supervisor of the Victorian Order of Nurses, addressed the meeting on Thursday, her topic being "The Nurse in the Home," and by way of illustration the V.O.N. play was given.

The visitors were entertained at tea on Wednesday, and at a banquet on Thursday evening by the Saskatoon Graduate Nurses Association. The dinner speaker, Dr. Margaret Cameron, of the University of Saskatchewan, gave an interesting address on the subject, "A Would-be Explorer of the Great West."

The convention and institute closed on Friday afternoon, the next annual meeting to be held immediately preceding the biennial meeting of the Canadian Nurses Association in Regina, in 1930.

News Notes

ALBERTA

EDMONTON ASSOCIATION OF GRADUATE NURSES: Nurses planning to attend the International Congress include: Mrs. Manson, Misses F. Munroe, B. Emerson, Welsh, Lavell, A. Conroy, M. Gould, E. M. Davidson.

Miss Ida Johnston, of the Royal Alexandra Hospital operating room staff, is taking a post-graduate course in the Woman's Hospital, New York.

Miss Gertrude Allyn (Royal Alexandra Hospital, 1927), is taking a post-graduate course in obstetrics in Montreal, and Miss English (1927), is taking a post-graduate course in pediatrics in Toronto.

MEDICINE HAT GRADUATE NURSES ASSOCIATION: The following are planning to attend the International Congress of Nurses in July: Misses Auger, Dixon, F. Smith, Bassett, Sodero, Ethel Murray and Mrs. W. Devlin.

Miss Jardine has accepted a position at the Central Alberta Sanatorium.

BRITISH COLUMBIA

VANCOUVER GRADUATE NURSES ASSOCIATION: This Association held their regular monthly meeting on March 1st, at the Vancouver General Hospital, Miss M. Campbell in the chair.

At the end of the usual business meeting, Dr. C. W. Proud, of St. Paul's Hospital, Vancouver, gave a most interesting lecture on, "Radium, and its Therapeutic Uses." After a hearty vote of thanks, the meeting adjourned and refreshments were served.

MANITOBA

BRANDON: The March meeting of the Brandon Graduate Nurses Association was held at the home of Miss Margaret Gemmill. Dr. Peters gave an excellent paper on "Obstetrics," and Miss Christine Macleod, one on, "The Tannic Acid Treatment of Burns."

Miss Eva McNally, assistant superintendent of nurses, Brandon General Hospital, is slowly recovering from an operation.

Mrs. R. Darrach (Persis Johnson), who has been quite ill for some time is better.

The Brandon Graduate Nurses Association held a baking contest, sale of home cooking and tea, on March 22nd, and realized the sum of $105.54.

ST. BONIFACE NURSES ALUMNAE ASSOCIATION: The members of the Alumnae enjoyed a pleasant evening in March, when Mrs. Menzies, president of the Local Council of Women, gave a very interesting address on the National Council of Women.

Miss Margaret Meehan, who has been at Alhambra, Cal., for the past year is back in Winnipeg with the Provincial Board of Health.

Misses Ethel Graham and Laura Alt, left the General Hospital, Wyandotte, Mich. recently for Clearwater, Fla.

Miss Mary Dillon returned from Rochester, Minn., where she has spent the past year.

Miss E. Payne, staff nurse at the Misericordia Hospital, is enjoying her holidays at Dauphin, Man.

Miss Irene McQuire has accepted a position on the staff of special nursing at Mayo's Hospital, Rochester, Minn.

Miss Ann Platford left last week for Allahabad, India, where she is to marry Mr. W. J. Hansen, formerly of Winnipeg, and now an Agricultural Missionary in India.

Miss Gladys Huggins left for Detroit, Mich., March 29th.

Miss Eunice Eberta has accepted a staff position in a hospital at Dauphin, Man., and Miss Alice Killen one at Ninette Sanatorium.

NEW BRUNSWICK

CHIPMAN MEMORIAL HOSPITAL, ST. STEPHENS, N.B.: Miss Whyte, dietitian, has gone to St. Agathe, P.Q., for her vacation.

Miss Grace Mowatt has so far recovered from her illness, as to be able to return to her home.

Miss Loie Mersereau has accepted the position of assistant superintendent temporarily at the hospital.

NOVA SCOTIA

HALIFAX: The many friends of Miss Mary Hayden, R.N., will be pleased to know that she has accepted a position on the public health nursing staff in the State of Maine. For several years she occupied a a similar position with outstanding ability with the Massachusetts-Halifax Health Commission, having been one of the first nurses to take the public health nursing course at Dalhousie University.

The members of the Registered Nurses Association of Nova Scotia of which she was an active and zealous member, regret exceedingly her departure from Halifax, the city of her birth. A graduate of Mount Saint Vincent Academy, Miss Hayden later took her nursing course in the United States and is exceptionally well equipped for the position she now holds.

Previous to her departure, Miss Hayden was the recipient of many attentions from her friends. In social circles as well as professionally she will be much missed, and while every good wish follows her to her new home, her friends are as one in the hope that she may soon return to her native country.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in April, 1929, were 1,080. Seventy less than previous month.

APPOINTMENTS

Misses Irene Byers, Margaret Floyd, Cora L. Russell to the staff of the Isolation Hospital, Toronto.

Miss Mabel Boyle (Grace Hospital, Toronto, 1918), to the staff of the Willard Fillmore Hospital, Buffalo, N.Y.

Miss Alice Bechtel (Kitchener-Waterloo General Hospital, 1928), as operating room supervisor at the Kitchener-Waterloo General Hospital.

Miss Thelma Sitler (Kitchener-Waterloo General Hospital, 1928), as supervisor, at the Kitchener-Waterloo General Hospital.

Miss Esther Cunningham (Toronto Western Hospital, 1919), to operating room supervisor, Toronto Western Hospital.

Miss Mary Thomas (Toronto Western Hospital, 1919), formerly supervisor, Men's Surgical Division, has accepted the position as assistant supervisor of operating room, Toronto Western Hospital.

Miss Edith Bolton (Toronto Western Hospital, 1928), to Private Wards, Toronto Western Hospital.

Miss Mabel Coutts (Toronto Western Hospital, 1928), to Women's Medical Division, Toronto Western Hospital.

Miss Eileen Stowe (Toronto Western Hospital, 1928), to Ear, Nose and Throat Operating Room, Toronto Western Hospital.

Miss Myrtle Hamilton (Toronto Western Hospital, 1928), to assistant supervisor in Out-Patients' Department, Toronto Western Hospital.

The Registered Nurses Association of Ontario and the Toronto Overseas Nurses Club gave a dinner in honour of Matron-in-Chief Hartley on her appointment to the position of matron-in-chief of hospitals of the Federal Department of Pensions and National Health, on Friday, March 22nd, at the King Edward Hotel, Toronto. Miss Emory, president of the R.N.A.O. presided. Miss Ethel Greenwood, president of the Toronto Overseas Nurses Club, proposed the toast to the guest of honour. Greetings from the City of Brantford were brought and read by Miss Muriel McKee; from Miss Hartley's home district, No. 2, were brought by Miss Buck. Miss Smellie and Miss Rayside also spoke for Districts 8, 10 and 4.

DISTRICT 1

GENERAL HOSPITAL, CHATHAM: The student nurses of the hospital entertained the 1929 graduating class and their friends, at a delightful masquerade on March 29th. The rooms of the Nurses Residence were attractive with St. Patrick's decorations.

A literary club under the guidance of Mr. Chas. E. Beeston has been organized for the student nurses.

The annual banquet of the Alumnae Association was held at the Garner Hotel on March 4th, with fifty-eight members present. Miss Grace Fairley, of London, was the guest of honour, and delighted all present with a very interesting address on the responsibility of the nurse to her Alumnae and provincial association.

A very successful affair of March 22nd was the bridge sponsored by the Alumnae Association at the Nurses Residence. The many guests were received by Miss Campbell, superintendent, and Miss Tinney, president of the Association.

DISTRICT 2

The regular quarterly meeting of the Registered Nurses Association of Ontario, District No. 2, held at the Galt General Hospital, was a record one, about 70 nurses being present. Representatives from Owen Sound, Guelph, Woodstock, Simcoe, Paris, Brantford and Galt were in attendance.

Miss Buck, Simcoe, the president, appealed to those nurses who have not yet linked up with the registered nurses to do so at the earliest opportunity, as through it, they are automatically members of the Canadian Nurses Association and the International Council of Nurses.

The speakers included Dr. Ward Woolner, Ayr, who spoke on the necessary care of mothers and babies in isolated districts; Mrs. Mitchell, on the opportunities of the public health nurse; Miss Davidson, on the benefit of "The Canadian Nurse" to nurses in general, and to the private duty nurses in particular.

KITCHENER-WATERLOO GRADUATE NURSES ASSOCIATION: The following programme has been arranged for their regular monthly meetings: Venereal diseases; Recent progress in Tuberculosis treatment in Europe; Nursing care in nervous diseases; Pediatrics; Gastro-Intestinal diseases; Anaemia. Also one garden party.

DISTRICT 4

GENERAL HOSPITAL ALUMNAE ASSOCIATION HAMILTON: Misses Mae Wright and Ella Parsons (1928), spent Easter week at their respective homes returning to New York on April 7th.

Miss Jessie Jackson (1923), has left the Victorian Order of Nurses, and is doing private duty in the city.

Miss Black is again confined to the hospital, and is improving slowly.

Miss K. Campbell (1921), is in Sacramento, Cal.

Misses Doreen Jones (1926), Aileen Strachan (1927), and Thelma Ronson (1927), have returned from Albany, N.Y.

Miss Hilda Ayerst (1920), is in charge of a hospital in Kapuskasing, Ont.

Mr. and Mrs. Jas. Tarltan (Kathleen Peart, 1919), are living in Montreal.

Mrs. Flynn (Miss Tobias, 1909), has been holidaying in Hamilton.

Miss Ethel Roger (1926), is doing private duty in Cleveland.

Miss H. Brecken (1924), is at St. Luke's Hospital, N.Y.

Mrs. H. Cober and Miss E. Keffer (1927), are in Mt. McGregor, N.Y.

Miss L. Hack (1922), left for an extended holiday in Vancouver.

Misses W. Jennings (1920), and E. Lealess (1925), are in Hackensack, N.Y.

Miss F. Mackie (1924), is in Hempstead, N.Y.

Misses Anita Parks and Wanda Rogers (1924), are in Newark, N.J.

Mrs. Frank Elliott (May Campbell, 1917), is recovering after an illness of five weeks.

Miss Inez Fidlin (1927), has been in Texas for the past few months.

Miss Hazel Tilling (1925), has returned to Toronto for a holiday.

District 5

Western Hospital, Toronto: Miss Lowe (1915), supervisor of the operating room, recently tendered her resignation. Previous to her leaving the hospital, several social functions were given in her honour. Miss Ellis gave a tea in the Nurses Residence, which was well attended by the staff doctors and graduates. Miss Lowe was the recipient of a handsome gold wrist watch from the Medical and Surgical Staff doctors as an appreciation of her untiring efforts during her time of office in the hospital.

Miss Jessie Douglas (1919), is ill, her friends hope for a speedy recovery.

Misses Edna Hewitt and Ballantyne left on January 15th for New York, where they are engaged in private duty nursing.

Mrs. Smith, of North Carolina (Ruth Welstead, 1918), is spending a few weeks in Toronto.

Miss Doris Stinson (1928), is taking a post-graduate course in operating room technique at Johns Hopkins Hospital, Baltimore.

Miss Laura McDougall (1918), is spending a three months' holiday in Miami, Florida.

Miss G. Ryde (1921), formerly supervisor in the Out-Patients' Department has accepted a position in New York.

The annual dance of the Alumnae Association was held February 11th in the King Edward Hotel. About 300 guests were received by Mrs. Godfrey, Miss Ellis, Miss Wiggins and Miss Beamish. Excellent music was provided by Romanelli's orchestra.

Hospital for Sick Children, Toronto: Miss Kathleen Panton, former superintendent of the Hospital for Sick Children, has returned to her home in Milton, after an operation for thyroidectomy.

The sympathy of the Alumnae is extended to their president, Miss Hazel Hughes, in the loss of her mother.

General Hospital, Toronto: Miss Meta Greutzner (1923), has spent the last two months in California.

Miss Adelaide Lash Miller (1927), and her sister have gone to Japan for six months.

All graduates of the Toronto General Hospital are reminded that the annual dinner, given in honour of the graduating Class of 1929, will be held in Hart House, on May 20th, at 7.45 p.m.

Grant Macdonald Training School, Toronto: The Alumnae held a dance and bridge party on March 19th in the Nurses Residence. The ball room was prettily decorated with balloons and flowers. About 250 guests were present.

District 8

Ottawa: Ottawa graduate nurses will be hostesses to the members of the Grand Council of the International Council of Nurses when they visit Ottawa on July 3rd, Tentative plans include a visit to the Parliament Buildings and the hospitals; luncheon given by the Victorian Order of Nurses of Canada; drive around the city; visit to Government House, and banquet at the Chateau Laurier, given by the Ottawa nurses.

At the R.N.A.O. meeting in Kingston, April 4th, 5th and 6th, there were twenty-four nurses present from Ottawa: two Reverend Sisters represented Ottawa General Hospital; Central Registry sent five nurses; St. Luke's Hospital Alumnae sent one; Lady Stanley Institute Alumnae, four; Ottawa General Hospital Alumnae, one; Royal Ottawa Sanatorium, one; Ottawa Civic Hospital. five; Metropolitan Life Insurance Company, one; Victorian Order of Nurses, four.

Civic Hospital, Ottawa: The Alumnae Association was organized recently. The officers for 1929 are: President, Miss Morna Young; First Vice-President, Miss Evelyn Pepper; Second Vice-President, Miss Margaret Hanna; Recording Secretary, Miss G. Wilson; Corresponding Secretary, Miss G Moloney; Treasurer, Miss W. Gemmill; Board of Directors, Misses Mussell, Moxley,. Margaret Wilson, Edna Osborne.

A.A. Lady Stanley Institute, Ottawa: The regular monthly meeting of the Lady Stanley Institute Alumnae was held at the home of Mrs. Charles Post. Considerable business was transacted, and arrangements made for a bridge to be held at the home of Mrs. W. G. Caven on April 17th. Refreshments were served at the close of the meeting.

The Alumnae held a rummage sale on March 2nd. It was well patronized, and brought very gratifying results.

District 10

The regularly monthly meeting of the Registered Nurses Association of District No. 10, met at the McKellar General Hospital at Fort William, with a large attendance. The senior class of the McKellar General Hospital were the guests of the evening, and, after the conclusion of routine business. Miss P. L. Morrison, superintendent of the hospital, gave a most interesting lecture on the "History of Nursing," illustrating her fascinating discourse with a magnificent set of lantern slides. Plans were also completed for a play, that was produced during the second week of April. The evening closed with a most enjoyable social time.

On the evening of March 26th, a charmingly arranged bridge was held at the home of Mrs. H. McCartney, Fort William, when the

members of the McKellar General Hospital Alumnae were the guests. Tea was poured by the Alumnae executive, and assisting them were Miss Jessie McLaren and Miss Adele Taylor.

Miss Vera Lovelace was the official representative of District No. 10, R.N.A.O., at the Annual Convention held at Kingston, April 4th to 6th.

Dr. Griffiths Binning, who was for one year interne at the McKellar General Hospital, Fort William, has been appointed medical director of the Saskatoon schools by the Board of Education of that city. Dr. Binning graduated from the University of Toronto in 1923, and after one year at the McKellar General Hospital, he spent over a year and a half in the Hospital for Sick Children, Toronto, followed by some months in a similar hospital at St. Louis, Mo. In his new position, Dr. Binning will have charge of the medical inspection of 7,000 school children.

QUEBEC

SHERBROOKE HOSPITAL: The annual graduation exercises held in the Nurses Home on April 5th was a most interesting and delightful event. Presiding were Mr. W. E. Paton, president of the hospital; Mr. D. J. Salls, chairman of the Executive Committee; Miss Helen S. Buck, superintendent of the hospital; Rev. Dr. W. S. Lemen. The president spoke briefly congratulating the graduates. Mr. Salls referred to the hospital and its work. The presentation of diplomas and pins was made by Miss Buck and Mr. Paton. Then the graduates repeated the Florence Nightingale pledge.

The graduates were: The Misses Glendolyn Farley, Anne Lander, Lucy A. Drew, Eileen Gondron, Gertrude W. Gibson, Myrtle Wallace, Ruby Spaulding, Maude E. Coles, Maryette Davis, Mildred L. Baldwin, May D. Ashford, Marjorie Foley and Kathleen Hatch.

The prize winners were: Miss Lucy Drew, Loyalty and Upholding the Training School; Miss Hatch, Practical Work; Miss Ashford, Highest Marks; Miss Baldwin, General Proficiency.

A dance was held later in the Nurses Home.

The friends of Misses Ailda Bernier and Kemphor, will be glad to learn that they are fully recovered from their recent illnesses, and are private nursing.

Friends of Miss Louise Foss will be glad to know that she has recovered from her serious auto accident.

Miss Mary Todd has resigned her position as night supervisor, succeeded by Miss Lucy Drew.

WESTERN HOSPITAL, MONTREAL: The Alumnae Association has had a book written, "The History of the Western Hospital, 1874-1924." Copies are to be had from Miss J. Craig.

Mrs. Bradshaw (Lydia McCleverty), spent a day at the Western Hospital while visiting in Montreal recently.

Alumnae members who recently visited Montreal are: Mrs. Bradshaw (Lydia McCleverty), Mrs. Lewis Smith (Ruby Tessier), of Moncton, N.B., Mrs. Gordon McNaughton (Ella Raymond), of Martintown, Ont., and Miss Doris Stevens, of Sherbrooke, P.Q.

The sympathy of the members is extended to Miss L. Skinner, in the loss of her father; Miss Dogherty, in the loss of her mother; Miss Smeaton, in the loss of her mother; Miss Clader, in the loss of her mother.

GENERAL HOSPITAL, MONTREAL: Appointments: Miss F. Mathewson, on the Metabolism staff; Miss Henrickson, in charge of Ward "J;" Misses Percival, Barraclough, and Ward, have joined the local Victorian Order staff.

Resignations: Miss R. Stericker, from position as Admitting Officer; Miss Monroe (1896), from Registration Office in the Out-Door Department, and has now charge of Brehmer Rest, St. Agathe, for a few months.

The monthly meeting was held March 8th in the Nurses Home. Dr. Rabinvitch gave a most interesting address on, "Diabetes among Children under Fifteen Years of Age." Refreshments were served by the social committee.

Many friends will be glad to hear that Miss E. Wales has recovered from an attack of typhoid fever, also that Miss M. Montgomery has left the hospital after her recent illness.

Miss Carpenter who has been confined to the hospital for the past three months is slowly recovering.

Miss Otterson, of San Francisco, is a patient in the hospital.

After an illness of a few days' duration, Miss Iris C. Mallalieu, a recent graduate of the Montreal General Hospital Training School for Nurses, died from pneumonia. Miss Mallalieu, whose home was in Trinidad, was the daughter of the Rev. S. S. Mallelieu and Mrs. Mallelieu. While waiting to write her Registration Examinations, she was gaining some extra experience in operating room work, previous to her departure for Barbadoes, to take up a position as operating room supervisor in a hospital there.

GRADUATE NURSES ASSOCIATION, MONTREAL: The Association reports the passing of a very dear friend of the nurses, Mrs. Frank Burch, who was the first registrar of the Association, which was started in 1894, and carried on the registry for over twenty-five years. Owing to an accident in 1920, she had to resign. Mrs. Burch died in Halifax, Easter Sunday, March 31st, after a long illness. Burial was in Montreal. Misses Dunlop, Hill, Colley, Sait, H. DesBrisay, Fletcher, Francis and Campbell, attended the services representing the association.

C.A.M.N.S.

TORONTO: The social committee of the Overseas Nurses Club, under the convenership of Mrs. Arthur Scott (N.S. Mildred Clark), entertained at a successful progressive bridge party at Christie Street Hospital, on Monday, February 13th. Proceeds amounted to $90.00. At the annual meeting this year, the sum of $100.00 was voted towards the expenses of the Congress, International Council of Nurses, and the club is gratified at the result of the first effort to raise the amount.

Miss Ethel Greenwood, president, made an informal address to Miss Hartley, matron of the hospital, congratulating her on her recent appointment as principal matron of hospitals, Federal Department of Pensions and National Health, and presented a useful week-end bag on behalf of the club.

VICTORIAN ORDER OF NURSES

APPOINTMENTS

Miss Daisy Metcalfe, to Carleton Place, Ont.

Miss Lillian Rankin, to the staff in Cornwall, Ont.

Miss Mary Cochrane, temporarily to the staff in Lachine, P.Q.

RESIGNATIONS

Miss Helen Baggott from the staff, Winnipeg, Man., owing to ill health.

Miss Jessie Durrell from the staff at St. Catharines, Ont. Miss Durrell will relieve in Timmins temporarily for Miss Marjorie Stevens who has leave of absence.

Miss Isobel Norton, represented the Ottawa Victorian Order of Nurses at the Registered Nurses Association of Ontario at Kingston in April.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CULVER—Recently, at Simcoe, Ont., to Dr. and Mrs. Culver (Doris Medlen, Hamilton General Hospital, 1924), a daughter (still-born).

DAVEY — On April 3rd, 1929, at Sherbrooke, P.Q., to Mr. and Mrs. Wilfred W. Davey, a daughter.

EMERSON—On March 11th, 1929, at Orleans, Vt., to Mr. and Mrs. L. C. Emerson (Gladys Hall, Sherbrooke Hospital), a son (Wayne Buchanan).

HAMBLETT—On March 15, 1929, at Toronto, Ont., to Mr. and Mrs. Hamblett (Daisy Dench, Isolation Hospital, Toronto, 1926), a son.

HAYWARD—Recently, at Medicine Hat, Alta., to Mr. and Mrs. R. H. Hayward (M. G. McBean, Children's Hospital, 1916), a son.

HICKEY—On March 22nd, 1929, at Evanston, Illinois, to Mr. and Mrs. Harry Cornelius Hickey (Pauline Carroll, Montreal General Hospital, 1920), a daughter (Pamela Margarite).

HISTEAD—Recently, at Hamilton, Ont., to Mr. and Mrs. J. Histead (Ora Myles, Hamilton General Hospital, 1926), a son.

HOWELL—On March 25th, 1929, at Galt, to Dr. and Mrs. H. Howell (Lillian Murray, Toronto General Hospital, 1919), a daughter.

MARTIN—On April 2nd, 1929, at Toronto, to Dr. and Mrs. Wm. Martin (Pearl Beavis, Toronto General Hospital, 1918), a daughter.

ROBERTSON—On March 3rd, 1929, at Toronto, to Dr. and Mrs. Ross Robertson (Mary Higgenbottom, Toronto General Hospital, 1927), a son.

THOMAS—On February 17, 1929, at St. Stephens, N.B., to Mr. and Mrs. Allison Thomas (Bernice Stairs, Chipman Memorial Hospital), a son.

WEIR—On March 29th, 1929, at Toronto, to Mr. and Mrs. C. Weir (Ella Hogan, Toronto General Hospital, 1925), a daughter.

ZUMSTEIN—On February 17, 1929, at St. Catharines, Ont., to Dr. and Mrs. George T. Zumstein (Florence Cowley, Mack Training School), a daughter (Florence Paula Todd).

MARRIAGES

ACLAND—COUCH—In March, 1929, at Ottawa, Ont., Helen Couch (Ottawa Civic Hospital, 1926), to Dr. Earl Acland.

BLACK—COSBY—Recently, Donna Cosby of Welland (Mack Training School, St. Catharines, 1928), to Harold Black. At home, St. Catharines, Ont.

BURGHER—KENNEDY—On March 23rd, 1929, at Toronto, Ada Kennedy (Toronto General Hospital, 1918), to J. Burgher.

CLEMENTS—MONNERY—On February 19th, 1929, at New York, Bertha Lillian Monnery (Kingston General Hospital, 1928), to H. Carman Clements, N.Y.

MORSON—GILMOUR — On April 6th, 1929, at Toronto, Emo Gilmour (Toronto General Hospital, 1928), to Errol Morson.

OLSON—GARRETT—On March 29, 1929, at Piapot, Sask., Ethel Olson (Medicine Hat General Hospital, 1928), to Louis Garrett of Medicine Hat.

CHRISTON—LEBLANC—On April 17th, 1929, at Cornwall, Ont., Anna LeBlanc (Montreal General Hospital, 1927), to Edward Ney Smith Christon of Montreal.

STEWART—BELLE—On February 20th, 1929, at Sherbrooke, P.Q., Phyllis Belle (Sherbrooke Hospital, Sherbrooke, P.Q.), to Reford Stewart of Toronto. At home, Sherbrooke, P.Q.

WILSON—GAYMAN—Recently, at St. Catharines, Ont., Anna A. Gayman (Mack Training School, 1927), to Maurice Wilson.

DEATHS

DAVIS—On February 7, 1929, at Toronto, Mrs. Davis (Faye Lang, Isolation Hospital, Toronto, 1927).

EVANS—On March 29th, at Hamilton, Ont., Ella J. Evans (Hamilton General Hospital, 1921), after a lingering illness.

MALLALIEU—On March 30th, 1929, at Montreal, P.Q., Iris C. Mallalieu (Montreal General Hospital, 1929).

STEWART—In February, 1929, at Thorold, Ont., Mrs. J. D. Stewart (Julia Boutcher, Mack Training School, St. Catharines, 1912).

Wanted: Registered nurses for general duty in two hundred and fifty bed Tuberculosis Sanatorium. Salary seventy-five dollars per month with full maintenance. For further particulars apply to: M. L. Buchanan, Matron, Laurentian Sanatorium, St. Agathe des Monts, P.Q.

The Frontier Nursing Service has positions for Public Health Nurses certified under a British Central Midwives' Board. Because of waiting list, applications must be received several months in advance. For further particulars, address the Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Kentucky.

WANTED—Graduate Nurses for general duty in the Maternity Department and Private Ward Pavilion, Vancouver General Hospital, Vancouver, B.C. Salary—Day duty, $85.00 per month; night duty, $90.00 per month, plus board and laundry. Kindly apply Superintendent of Nurses and forward credentials from training school and further particulars regarding qualifications.

Subscribers please note—If you have received recently a notice of expiry of subscription kindly renew at once in order that you may not miss any copies of the Journal. It is often impossible to supply mission copies if subscription is allowed to elapse for even one month.

ACIDOPHILUS MILK

Modern diets are rich. The human system tends to break down under the strain of too much food and too little exercise, resulting in pathological conditions frequently traceable to disorders of the intestinal tract. This very important part of our digestive system becomes overworked, with the consequent development of putrefactive organisms forming toxins, which are subsequently absorbed by the body—autointoxication.

In the steadily onward march of preventive medicine one of the important steps has been the implantation of an intestinal flora to inhibit the growth of putrefactive bacteria, which, in turn, are responsible for intestinal derangement, resulting in general ill-health, headache, fatigue, constipation and neurosis.

The most efficient type of bacteria indicated in such conditions is bacillus acidophilus, and the best means of implantation is by the use of fresh milk cultures of this organism, as, by this means, we have the nutritive value of milk combined with the ingestion of the desired therapeutic agent.

Whether produced by hospital or commercial laboratories, the points of vital importance are the purity and viability of the culture together with the absolute sterility of the milk used as substrate. Lack of precaution in any of these particulars may readily lead to the use of a product which is therapeutically valueless.

Acidophilus milk is one of the recent results of biochemical research into corrective measures for autointoxication and similar intestinal disorders. Owing to its regulating action, it is being extensively prescribed by the medical profession as a therapeutic agent.

The source of the preparation should only be a milk of low bacterial content, subjected to rigid and regular bacteriological examination of the supply from individual farms; as a contributory factor towards standardizing, it is then subjected to complete sterilization and subsequently inoculated with an active, pure, culture of lactobacillus acidophilus.

At present there is no definite figure known for the minimum number of viable acidophilus bacilli necessary for therapeutic results. (J.A.M.A.: 91, 1187, 1928.)

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

REGISTRATION of NURSES

PROVINCE OF ONTARIO

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg. N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the complete application form, accompanied by the examination fee of $5.00, is received by the Inspector, before May 10th, 1929.

Signed:
A. M. MUNN, Reg. N.,
Inspector of Training Schools.

School for Graduate Nurses

McGILL UNIVERSITY

Session 1929-1930

Miss BERTHA HARMER, R.N., M.
Director

COURSES OFFERED:

Teaching in Schools of Nursing
Supervision in Schools of Nursing
Administration in Schools of Nursing
Public Health Nursing
Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:
SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

THE

Vancouver General Hospital

offers to graduates of accredited Training Schools who can submit satisfactory credentials, a four-months' post graduate course in the following branches of nursing:

(1) **Surgical Nursing and Operating Room Technique.**
(2) **Medical Nursing, Pediatrics and Diet Kitchen.**
(3) **Obstetrical Nursing (Case Room and Wards).**
(4) **Infectious Diseases, Tuberculosis, and Diet Kitchen.**

These courses are specially planned for graduate nurses who have already had some experience during their course of training in these branches of nursing, and desire to qualify for administrative positions. To these post graduate students an allowance will be made of $50.00 a month with room, board and laundry.

Graduate nurses who have not had previous experience will be accepted under similar arrangements. An allowance will be made to them of $10.00 a month with room, board and laundry, and the necessary adjustment made in the course to afford them the required experience.

Further particulars and application forms may be obtained from:—

THE SUPERINTENDENT OF NURSES
Vancouver General Hospital,
Vancouver, B.C.

THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL offers a three months' Post-Graduate Course in Obstetrics and a two months' Post-Graduate Course in Gynaecology and Operating Room Technique, to graduates of accredited schools.

Graduates receive ($10.00) ten dollars per month with full maintenance.

For further information address
C. V. BARRETT, R.N.,
Royal Victoria Montreal Maternity Hospital,
MONTREAL, QUE.

UNIVERSITY OF TORONTO

A one-year course in Teaching and Administration is conducted for Graduate Nurses. On completion of the Course a university diploma is awarded. In the session 1928-29, there are twenty-one students enrolled in this Course.

For further information write to
W. J. DUNLOP, Director,
University Extension,
University of Toronto,
TORONTO 5, ONTARIO.

Please mention "The Canadian Nurse" when replying to Advertisers.

The Canadian Council on Child Welfare recently announced that during the past winter, the Education and Recreation Division, Montreal Council of Social Agencies, organized a Recreation and Social Leadership Training Course. The material prepared for this course has now been bound together in pamphlet form, copies of which may be obtained at twenty-five cents each from Captain William Bowie, Chairman Recreation Division, Canadian Council on Child Welfare, 1421 Atwater Avenue, Montreal P.Q.

AFTER THE I.C.N. CONGRESS

A TOUR OF EUROPE

$495

FRANCO-BELGIQUE TOURS CO. Inc.
Nurses Post-Convention Tour
551 Fifth Avenue - New York

ACIDOPHILUS MILK

This modern corrective for

Intestinal Disorders

is procurable from any of the following plants, where it is prepared under rigid, scientific laboratory supervision.

CRESCENT CREAMERY CO., LIMITED, WINNIPEG

ACME DAIRY LIMITED, and
THE FARMERS DAIRY CO., LIMITED, TORONTO

THE PRODUCERS DAIRY LIMITED, OTTAWA

ELMHURST DAIRY LIMITED, MONTREAL

These plants are owned and operated by

EASTERN DAIRIES LIMITED

A Commonwealth Pension Investment Bond

Provides for the "Professional Woman":

1—A guaranteed income payable for LIFE, commencing in 10, 15, 20, or 25 years.
2—A guaranteed income in the event of disability.
3—Liberal cash settlements if desired instead of the "Life Income."
4—Cash settlement to dependents in the event of death.

The plan is the most complete available, embodying—
"Protection during Old Age,
Protection during Disability,
Protection to dependents in the event of death."

Mail the enquiry coupon for information, it will not obligate you in any way.

Commonwealth Life & Accident Insurance Company,
21 King St. E., Toronto, Ontario.

Gentlemen:—
Please forward full details of your Disability Annuity. I would like to deposit $..... yearly or monthly.

NAME.....
ADDRESS.....
AGE.....

Without Obligation.

Please mention "The Canadian Nurse" when replying to Advertisers.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary. .. Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President.....Miss M. F. Hersey, Royal Victoria Hospital, Montreal, P.Q.
First Vice-President....Miss K. W. Ellis, Vancouver General Hospital, Vancouver, B.C.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss E. Hurley, University of Montreal, Montreal, P.Q.
Honorary Treasurer.....Miss R. Simpson, Dept. of Health, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss Elizabeth Clark, Dept. of Public Health, Parliament Buildings, Edmonton.

British Columbia: 1 Miss K. W. Ellis, R.N., General Hospital, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Mrs. John Gibb, R.N., Duncan; 4 Miss D. F. Turnbull, R.N., 1865 11th Ave. W., Vancouver.

Manitoba: 1 Miss A. E. Wells, Provincial Health Department, Parliament Buildings, Winnipeg; 2 Miss Jessie Grant, General Hospital, Winnipeg; 3 Miss Emily Parker, 940 Grosvenor Ave., Winnipeg; 4 Miss T. O'Rourke, 733 Arlington St., Winnipeg.

Nova Scotia: 1 Miss Catherine M. Graham, 17 North St., Halifax; 2 Miss Mary F. Campbell, 344 Gottingen St., Halifax; 3 Miss M. J. Hayden, 514 Le Marchant St., Halifax; 4 Miss Moya MacDonald, Elmwood Hotel, Halifax.

New Brunswick: 1 Miss A. J. MacMaster, City Hospital, Moncton; 2 Miss Margaret Murdoch, General Public Hospital, St. John; 3 Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: 1 Miss Florence H. M. Emory, School of Hygiene, University of Toronto, Toronto; 2 Miss Grace M. Fairley, Victoria Hospital, London; 3 Miss E. Cryderman, Sherbourne House, Sherbourne St., Toronto; 4 Miss Isabel MacIntosh, 353 Bay St. S., Hamilton.

Prince Edward Island: 1 Mrs. Arthur Allen, Summerside; 2 Sister Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown; 4 Miss Millie Gamble, 51 Ambrose Street, Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss E. Sharpe, Royal Victoria Hospital, Montreal; 3 Miss Isabel Manson, V.O.N., Bishop Street, Montreal; 4 Miss Christina Watling, 1480 Chomedy St., Montreal.

Saskatchewan: 1 Sister M. Raphael, Providence Hospital, Moose Jaw; 2 Miss M. I. Hall, Victoria Hospital, Prince Albert; 3 Miss Jean McKenzie, Director of Junior Red Cross, Regina; 4 Miss Helen McCarthy, 1925 Victoria Ave., Regina.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Public Health:** Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Private Duty:** Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q.

Executive Secretary.....Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Vice-Chairman: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Treasurer:** Miss F. L. Reed, Women's General Hospital, Westmount, P.Q. **Secretary:** Miss Elizabeth Pearston, Winnipeg General Hospital, Winnipeg, Man.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss J. E. Grant, Winnipeg General Hospital, Winnipeg. **New Brunswick:** Miss Margaret Murdoch, General Public Hospital, St. John. **Nova Scotia:** Miss Mary F. Campbell, 344 Gottingen Street, Halifax. **Ontario:** Miss G. M. Fairley, Victoria Hospital, London. **Prince Edward Island:** Sister Ste. Faustina, Charlottetown Hospital, Charlottetown. **Quebec:** Miss Ethel Sharpe, Royal Victoria Hospital, Montreal. **Saskatchewan:** Miss M. I. Hall, Victoria Hospital, Prince Albert.

Convener of Publications: Miss C. Macleod, General Hospital, Brandon, Man.

PRIVATE DUTY SECTION

Chairman: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q. **Vice-Chairman:** Miss Clara Brown, 16 Chicora St., Toronto, Ont. **Secretary-Treasurer:** Miss Frances Sutherland, 5971 Sherbrooke St West, Montreal, P.Q.

Councillors.—Alberta: Mrs. Fulcher, Ste. 8, Radio Block, Calgary, Alta. **British Columbia:** Miss M. Mirfield, 1180 15th Ave. W., Vancouver, B.C. **Manitoba:** Miss T. O'Rourke, 733 Arlington St., Winnipeg, Man. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B.; **Nova Scotia:** Miss Mary B. McKeil, 88 Dresden Row, Halifax, N.S. **Ontario:** Miss Helen Carruthers, 404 Sherbourne St., Toronto, Ont. **Prince Edward Island:** Miss Millie Gamble, 51 Ambrose Street, Charlottetown. **Quebec:** Miss C. Watkin, 1480 Chomedy St., Montreal, P.Q. **Saskatchewan:** Mrs. A. Handrahan, 11 40 Redland Ave., Moose Jaw, Sask.

Convener of Publications: Miss T. O'Rourke, 733 Arlington St., Winnipeg.

PUBLIC HEALTH SECTION

Chairman: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Vice-Chairman:** Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont. **Secretary-Treasurer:** Miss Esther M. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss Elizabeth Clark, Dept. of Public Health, Parliament Buildings, Edmonton. **British Columbia:** Mrs. John Gibb, R.N., Duncan; **Manitoba:** Miss Emily Parker, 940 Grosvenor Ave., Winnipeg. **Nova Scotia:** Miss M. J. Hayden, 514 Le Marchant Street, Halifax. **New Brunswick:** Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John. **Ontario:** Miss E. Cryderman, Sherbourne House, Sherbourne St., Toronto. **Prince Edward Island:** Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown. **Quebec:** Miss Marguerite V. Sinclair, 34 Luke St., Apt. 3, Montreal. **Saskatchewan:** Miss Jean McKenzie, Director of Junior Red Cross, Regina.

Convener of Publications: Miss Mary Millman, Department of Public Health, Toronto, Ont.

YOUR CITY FOR A WEEK

WHEN YOU GO TO EUROPE, the first vacation city you visit is a Cunard ship . . . a Cunard city. Here you may spend a week in delightful comfort, gossip, dine royally, stroll or play, as if the comforts and atmosphere of your home, your clubs, and your favourite restaurants had come to sea with you.

A little army of perfect maids, chefs, valets and stewards are waiting to serve your personal comfort in this Cunard City on the Atlantic.

Feel at Home—Sail Cunard!!

CUNARD
CANADIAN SERVICE

The Cunard Steam Ship Co. Limited
270 Main St., Winnipeg, Man.
Or apply to any Steamship Agent - also offices throughout Canada

Weekly sailings from May 3rd, 1929, from Montreal and Quebec to Europe . . . Cabin, Tourist Third Cabin and Third Class

C 481

THE
Manitoba Nurses' Central Directory
Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

12 Doz. $3.00
6 Doz. $2.00
ANITA PAYNE
3 Doz. $1.00
Cash's Names
Woven on Fine Cambric Tape
For Marking Clothing & Linen
Save Confusion and Losses
Order from your Dealer or Write
28 **J. & J. Cash, Inc.**
CHURCH ST., BELLEVILLE, ONTARIO.

ALBERTA ASS'N OF REGISTERED NURSES

President, Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Ethel S. Fenwick, University Hospital, Edmonton; Second Vice-President, Miss Sadie Macdonald, Calgary General Hospital, Calgary; Registrar and Secretary-Treasurer, Miss Elizabeth Clark, Parliament Buildings, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss Elizabeth Clark, Department of Public Health, Parliament Buildings, Edmonton.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss K. W. Ellis, R.N., General Hospital, Vancouver; First Vice-President, Mrs. M. E. Johnson, R.N., Bute St. Hospital, Vancouver; Second Vice-President, Miss M. Campbell, R.N., 1625-10th Ave. West, Vancouver; Registrar, Miss H. Randal, R.N., 125 Vancouver Block, Vancouver; Secretary, Miss Laura B. Timmins, 125 Vancouver Block, Vancouver; Conveners of Sections, Nursing Education, Miss M. F. Gray, R.N., Dept. of Nursing and Health, University of British Columbia, Vancouver; Public Health, Mrs. John Gibb, R.N., Duncan; Private Duty, Miss D. F. Turnbull, R.N., 1865 11th Ave. West, Vancouver; Councillors, Misses E. Breeze, R.N.; M. Dutton, R.N.; M. E. Morrison, R.N.; M. E. Stuart, R.N.; L. B. Timmins, R.N.

THE MANITOBA ASS'N OF GRADUATE NURSES

President, Miss A. E. Wells, Prov. Health Dept., Parliament Bldgs, Winnipeg; First Vice-President, Miss C. Macleod, General Hospital, Brandon; Second Vice-President, Miss E. Gilroy, 674 Arlington St., Winnipeg; Third Vice-President, Sister Mead, St. Boniface Hospital, St. Boniface; Recording Secretary, Miss D. Street, Provincial Health Dept., Winnipeg; Corresponding Secretary, Miss E. Carruthers, 753 Wolseley Ave., Winnipeg; Treasurer, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Conveners of Sections, Nursing Education, Miss J. Grant; Public Health, Miss E. Parker; Private Duty, Miss T. O'Rourke.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. McMaster, Moncton Hospital, Moncton; First Vice-President, Miss Ella S. Cambridge, 133 King St., E. St. John; Second Vice-President, Miss Mabel McMullin, St. Stephen; Hon. Secretary, Mrs. Walter S. Jones, Albert; Secretary-Treasurer and Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John; Council Members: St. John, Misses E. J. Mitchell, Margaret Murdoch, H. S. Dykeman, Sarah Brophy, Florence Coleman, Ella S. Cambridge; St. Stephen, Misses Mabel McMullin, Florence Cunningham; Fredericton, Miss Grace Murray; Moncton, Misses Myrtle Kay, Roberta V. Gunn; Newcastle, Mrs. C. H. Gough; Bathurst, Miss Edith Stewart; Conveners of Committees: Public Health, Miss H. S. Dykeman, Health Centre, St. John; Private Duty, Miss Myrtle Kay, 21 Austin St., Moncton; Nursing Education, Miss Margaret Murdoch, General Public Hospital, St. John; Constitution and By-laws, Miss Sarah E. Brophy, Fairville; "The Canadian Nurse," Miss Ella S. Cambridge, 133 King St. East, St. John

THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA, HALIFAX

President, Miss Catherine M. Graham, 17 North St., Halifax; First Vice-President, Miss M. A. S. Watson, Yarmouth Hospital, Yarmouth; Second Vice-President, Miss A. Edith Fenton, Dalhousie Public Health Clinic, Halifax; Third Vice-President, Miss Agnes Cox, 169 Whitney Ave., Sydney, C.B.; Rec. Sec'y; Miss Lenta Hall, 1344 Gottingen St., Halifax; Treasurer and Assistant Secretary, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax; Conveners of Committees: Public Health, Miss M. J. Hayden, 51½ Le Marchant St., Halifax; Private Duty, Miss Moya MacDonald, Elmwood Hotel, Halifax; Nursing Education, Miss Mary F. Campbell, 344 Gottingen St., Halifax; Programme and Publication, Miss Esther MacWatt, Bedford, N.S.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 31 Claremont St., Toronto; Second Vice-President, Miss Marion May, Ottawa Civic Hospital, Ottawa; Secretary-Treasurer, Miss Matilda Fitzgerald, 279 Willard St., Toronto.

District No. 1: Chairman, Miss Hilda Stuart, Victoria Hospital, London; Secretary-Treasurer, Miss Mabel R. Hoy, 8 Eldorado Apts., Windsor. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Miss Alice Vernon, 72 Howland Ave., Toronto. District No. 6: Chairman, Miss Fanny Dixon, 538 Harvey St., Peterboro; Secretary-Treasurer, Miss Lillian Simons, 311 Rubidge St., Peterboro. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Amy Church, Smith Falls. District No. 8: Chairman, Miss Gertrude Garvin, Strathcona Hospital, Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Margaret Kennedy, Box 233 Sturgeon Falls; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Jane Hogarth, 118 N. John St., Fort William; Secretary-Treasurer, Miss Rena Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips, and M. F. Hersey; President, Miss M. K. Holt, Montreal General Hospital; Vice-President (French), Sister Allard, Hotel Dieu de St. Joseph, Montreal; Vice-President (English), Miss C. V. Barrett, R.V. Montreal Maternity Hospital; Recording Secretary, Miss Grace Martin, Royal Victoria Hospital, Montreal; Treasurer, Miss O. V. Lilly, R.V. Montreal Maternity Hospital. Other Members: Miss M. L. Moag, V.O.N., Miss E. B. Hurley, University of Montreal, Miss C. Lamoureux, Miss A. Kinder, Children's Memorial Hospital, Montreal, Miss Catherine Ferguson, Alexandra Hospital, Montreal. Nursing Education Section (English), Miss E. Sharpe, Royal Victoria Hospital; Nursing Education Section (French), Sister Augustine Hopital St. Jean de Dieu, Montreal; Public Health Section, Miss Isabel Manson, V.O.N., Bishop St., Montreal; Private Duty Section (English), Miss Christina Watling, 1480 Chomedy St., Montreal; Private Duty Section (French), Mlle. Panet-Raymond, 259 McDougall Ave., Montreal; Board of Examiners, Convener, Miss C. V. Barrett; Registrar and Executive Secretary, Miss M. Clint, 11 Oldfield Ave., Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1917)

President, Miss Ruby M. Simpson, Department of Health, Parliament Bldgs., Regina; First Vice-President, Miss C. I. Stewart, Red Cross Society, Regina; Second Vice-President, Sister Mary Raphael, Providence Hospital, Moose Jaw; Councillors, Miss S. Sanderson and Miss S. A. Campbell; Conveners of Standing Committees, Public Health, Miss Jean McKenzie, Director of Junior Red Cross, Regina; Nursing Education, Miss M. I. Hall, Victoria Hospital, Prince Albert; Private Duty, Miss Helen McCarthy, 1835 Victoria Ave., Regina; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina, Sask.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stewart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss MacLear; Second Vice-President, Miss Sherwood; Treasurer, Miss Ann McKee; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss A. Tarrant, 536 14th Ave. W.; Convener Private Duty Section, Miss Agnes Kelly; Registrar, Miss D. Mott, 110 18th Ave. W.

EDMONTON GRADUATE NURSES' ASSOCIATION

President, Mrs. H. Manson; First Vice-President, Miss Welsh; Second Vice-President, Miss B. A. Emerson; Secretary, Miss Davidson; Treasurer, Miss S. C. Christenson, 11612 94th St., Edmonton; Corresponding Secretary, Miss M. Staley, 9904 103rd St., Edmonton; Registrar, Miss Sproule; Programme Committee, Miss Campbell; Visiting Committee, Miss M. Griffiths and Miss Chinneck.

THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
The Pioneer Post-Graduate Medical Institution in America
We Announce
POST-GRADUATE COURSES FOR REGISTERED NURSES
These Courses Include
Operating Room Technique and Management
All Types of Clinical Nursing
For Information Address:—DIRECTRESS OF NURSES
345 West 50th Street, New York City

THE CENTRAL REGISTRY GRADUATE NURSES
Supply Nurses any hour day or night.
Phone Garfield 382
Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

LENOX NURSES' REGISTRY AND CLUB
5 West 120th Street,
NEW YORK CITY,
Telephone, Harlem 2801-2144.
Graduate nurses wanted for private duty and hospital specialing; also limited number of undergraduates. Pleasant, comfortable rooms; kitchen privileges.
MISS M. A. SKELLY, R.N.,
Proprietor.

The Central Registry of Graduate Nurses, Toronto
Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS. Reg.N,

BRONX REGISTRY AND CLUB FOR NURSES
1195 Boston Road, New York City
Graduate nurses wanted for private duty, also hospital specializing, pleasant rooms and kitchenette privileges for nurses wishing to live at the registry, also limited number of practical nurses. Telephone Kilpatrick 7640-7641.
ANNA M. BROWN, R.N., Prop.,
Established 1911

Montreal Graduate Nurses' Association Register
NURSES CALLED DAY OR NIGHT
Telephone Uptown 0907
LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.
Club House Phone Up-5666.

Bovril
is
fluid beef
highly
concentrated
29-19

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss MacRea; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss Edna Auger; Secretary, Miss De Coursey, General Hospital, Medicine Hat; Treasurer, Miss Seafoot; Convener of of Flower Committee, Miss M. Murray; Convener of New Members Committee, Miss Sodero; "Canadian Nurse" Correspondent, Mrs. Tobin.

Regular Meeting—First Tuesday in Month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss Oliver; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss H. Dean, Royal Alexandra Hospital; Treasurer, Miss Griffith, 10806-98th Street.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. P. Campbell, 1625-10th Ave., W.; First Vice-President, Miss M. L. Dutton, St. Paul's Hospital; Second Vice-President, Miss M. Mirfield, 1180-15th Ave., W.; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. G. Archibald, 536-12th Ave., W.; Council, Misses E. Lumsden, 2454-13th Ave., W., M. Duffield, 3760-11th Ave., W., D. Turnbull, 1865-11th Ave., W., McLeay, 1180-15th Ave., W., Jean Matheson, Military Hospital; Directory Committee (Convener), Miss K. W. Ellis, Vancouver General Hospital; Programme Committee (Convener), Miss B. Cunliffe, Vancouver General Hospital; Social Committee (Convener), Miss Corker, Vancouver General Hospital; Sick Visiting Committee (Convener), Miss D. K. Anderson, Vancouver General Hospital; Ways and Means Committee (Convener), Miss M. Ewart, 2775-38th Ave., W.; Creche Committee (Convener), Miss M. A. McLellan, 1883-3rd Ave., W.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Mary Alphonsus; President, Miss Jean Campion, 4630 Osler Avenue, Vancouver; Vice-President, Miss Kathleen Flahiff, 1111 Jervis St., Vancouver; Secretary-Treasurer, Miss Jeannie A. Morton, 1360 Burrard St., Vancouver; Secretary, Miss Freda Daly, 1267 Pendrell St., Vancouver; Executive, Misses M. Rogerson, E. Howell, K. Doumont, A. Kerr, K. Stirk, M. Krotska, H. Smith, A. Webb, M. Brice, A. Jordan, M. Berry, Mrs. Engley.

A.A., VANCOUVER GENERAL HOSPITAL

Hon. President, Miss K. W. Ellis; President, Miss Olive Cotsworth; First Vice-President, Miss Blanche Harvey; Second Vice-President, Mrs. Harold Findlay; Secretary, Miss Jean Stevens; Treasurer, Mrs. George Walker.

PROVINCIAL ROYAL JUBILEE HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

President, Mrs. W. A. Chambers; First Vice-President, Mrs. Lancaster; Second Vice-President, Miss K. Wright; Treasurer, Mrs. A. M. Johnson, 520 Linden Ave.; Secretary, Miss M. Carley, 1209 Pandora Ave.; Asst. Secretary, Miss E. Gilman; Convener, Entertainment Committee, Mrs. Bullock-Webster; Convener, Sick Nurses Committee, Miss Legge Willis.

ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, VICTORIA, B.C.

President, Mrs. Jean Beach, 231 St. Andrews St.; First Vice-President, Miss Mina Craighead, 940 Fullerton Ave.; Second Vice-President, Miss Norah Knox, 1024 Pakington St.; Corresponding Secretary, Mrs. Myrtle Willson, 2224 Hampshire Terrace; Recording Secretary, Miss Doris Taylor, 1024 Pakington St.; Secretary-Treasurer, Miss Elizabeth Reid, 123 Simcoe St.; Councillors: Mrs. May Smith, the Misses Eunice McDonald, Bessie Graham, Kathleen Fraser.

BRANDON GRADUATE NURSES' ASSOCIATION

Hon. President, Miss E. M. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Mrs. A. V. Miller; First Vice-President, Miss E. McNally; Second Vice-President, Miss R. McCulloch; Secretary, Miss K. Lynch; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees, Social, Miss H Morrison; Sick Visiting, Miss R. Dickie; Press Representative, Miss M. Skinner.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss Theresa O'Rourke, 733 Arlington St.; First Vice-President, Miss S. M. Wright, 340 St. John's Ave.; Second Vice-President, Miss E. Shirley, Ste. 28 King George Apts.; Secretary, Miss Stella Gordon, 251 Stradbrooke Ave.; Treasurer, Miss Isabel Downing, 173 Home St.; Conveners of Committees, Social, Miss J. Morrison, 245 Ruby St.; Sick Visiting, Miss B. Stanlon, Ste. 4 Smith Court; Refreshment, Miss N. O'Meara, 17 Dundurn Place; Press and Publication, Miss S. M. Wright, 340 St. John's Ave.; Representatives to Local Council of Women, Mrs. McIntosh, 200 Kennedy St., Miss Theresa O'Rourke; Representative to Nurses Central Directory, Miss A. C. Starr.

Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

WINNIPEG GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss Ethel Ironside, 876 Bannatyne Ave.; First Vice-President, Mrs. Grant Millar, Winnipeg General Hospital; Second Vice-President, Miss M. Wilkins, 753 Wolseley Ave.; Third Vice-President, Mrs. J. W. Briggs, 70 Kingsway; Recording Secretary, Miss Helen Holloway, 40 Spence St.; Corresponding Secretary, Miss Josephine De Brincat, 548 Ritchot St., St. Boniface; Treasurer, Mrs. H. J. Graham, 99 Euclid Ave.; Conveners of Committees: Sick Visiting, Miss Josephine Morgan; Programme, Miss Elsie Wilson; Membership, Miss Gertrude Johnson; Finance, Miss M. McGillivray.

A. A., GALT HOSPITAL, GALT, ONT.

Hon. President, Mrs. Wallace; President, Miss M. King; First Vice-President, Miss S. Mitchell; Second Vice-President, Miss Jackson; Secretary-Treasurer, Miss G. Rutherford; Asst. Secretary-Treasurer, Mrs. E. V. Brown; Programme Committee, Misses Hopkinson, Blogden and Lawless.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Mrs. W. Noll; Treasurer, Mrs. Wm. Knell; Secretary, Miss E. Master; Representative to "The Canadian Nurse," Mrs. Stanley Shantz.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONTARIO

President, Miss Annie P. Evans, 639 Wellington St.; First Vice-President, Miss Alice Clark; Second Vice-President, Miss Evelyn Hazlewood; Secretary-Treasurer, Miss Josephine Little, McCormick Home for Aged People; Social Secretary, Miss Lydia Young; Programme Committee, Misses Bertha Smith, Anne M. Forrest, Mrs. Gertrude Heal; Representatives on Registry Board, Misses Mary Baudin, Nora McPherson; Representative, "The Canadian Nurse," Mrs John Gunn.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

The Maternity Hospital and Dispensaries

WESTERN RESERVE UNIVERSITY

In the effort to meet appeals coming from all parts of the country for nurses capable of giving proper care to the pregnant, parturient and puerperal women, Maternity Hospital has arranged for graduates of accredited schools a comprehensive

Post Graduate Course	Four Months
Theoretical instruction	50 hours
Practical demonstrations	50 hours

Supervised practice and individual instruction during the

Time Assigned to Various Departments	
Mothers	3 weeks
Nurseries	4 weeks
Surgery and Delivery Rooms	3 weeks
Babies' Hospital and Dispensary	1 week
Out-Patient Department	6 weeks
Social Service	
Prenatal	
Postpartum	
Deliveries	

Full credit is given by Public Health organizations for the time spent in this Out-Patient Department.

Maintenance and an honorarium of $100.

Apply, SUPERINTENDENT,
2105, Adelbert Rd., Cleveland, O.

Please mention "The Canadian Nurse" when replying to Advertisers.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss Barbara Ross, 45 Dundonald St.; Vice-President, Miss Gladys Bastedo, 4 Jean St.; Secretary, Miss Violet Carroll, . Edgewood Ave.; Treasurer, Miss Clara E. Dixon, Women's College Hospital; Councillors: Miss Bertha Brellinger, 18 St. Clair Ave. E.; Miss Florence Campbell, 25 Yarmouth Gdns.; Miss Lily Delaney, Hospital for Incurables.; Mrs. Marion Edwards, 562 Spadina Ave.; Miss Ethel Greenwood, 34 Homewood Ave.; Miss Ada Luxton, 318 Runnymede Rd.; Miss Isabel Wallace, 2367 Queen St. E.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Gertrude Garvin; Vice-Chairman, Miss J. Robert; Secretary-Treasurer, Miss A. G. Tanner; Directors, Misses F. Hodgins, M. Stewart, D. M. Percy, E. A. Pepper, Norma Lewis and Kathleen Forbes; Conveners of Committees: Nurse Education, Miss G. Bennett; Publication, Miss Dorothy Percy; Public Health, Miss Dorothy Percy; Private Duty, Miss G. Woods; Membership, Miss N. Lewis; Representative to Board of Directors, R.N.A.O., Miss G. Garvin.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Mrs. H W. Foxton, Fort William; Vice-President, Miss P. L. Morrison, Fort William; Secretary Treasurer, Miss Chivers-Wilson, Port Arthur; Councillors, Misses Howie, Bell, Gerry, Hogarth, of Fort William; Misses Lovelace, McDougall, of Port Arthur; Representatives: Private Duty, Miss S. McDougall, Port Arthur; Public Health, Miss Howie, Fort William; Nursing Education, Miss P. L. Morrison; Conveners of Committees: Membership, Miss L. Gerry; Programme, Miss Jean Hogarth, Fort William, Miss Vera Lovelace, Port Arthur; Finance, Miss B. Bell, Fort William, Miss E. Oliver, Port Arthur; Correspondent to "The Canadian Nurse," Miss Jane Hogarth; Subscriptions to "The Canadian Nurse," Miss B. Bell; Representative to the Board of Directors, R.N.A.O., Miss Jane Hogarth.

Meetings held first Thursday every month.

A.A. BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence MacIndoo; President, Miss Vina Humphries; Vice-President, Miss Edith Wright; Secretary, Miss Sabra Phillips; Treasurer, Miss Reta Fitzgerald; Representative to "Canadian Nurse", Miss Helen Fargey.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss K. Charnley, Brantford General Hospital; Assistant Secretary, Miss R. Hocken; Treasurer, Miss H. Potts; Flower Committee, Misses Hardisty and Yardley; Gift Committee, Mrs. Mathews, Miss Robinson; Representative, "The Canadian Nurse," Miss M. MacCormack, Brantford General Hospital; Press Representative, Miss Doeringer; Social Convener, Miss Hough.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Miss J. Tinney, 187 Selkirk St.; First Vice-President, Miss D. Thomas, General Hospital; Second Vice-President, Miss W. Fair, General Hospital; Recording Secretary, Mrs. E. P. Smythe, 193½ King St.; Corresponding Secretary and Press Correspondent, Miss J. Davis, Fourth St.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; The Canadian Nurse, Miss G. Hillman, 44 Third St.

THE ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Elizabeth Shortreed; President, Miss Pearl McDonald; First Vice-President, Miss Etta Stewart; Second Vice-President, Miss Vrie; Treasurer, Miss Hazel Dennis; Secretary, Miss Etta Barron; Flower Committee, Mrs. H. Bolton, Miss A. Kyle; Correspondent, Miss N. J. Cooke, Guelph General Hospital, Guelph.

A. A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Cora Taylor, 80 Grant Ave.; Vice-President, Miss Ella Baird, 15 Bold St.; Recording Secretary, Mrs. Barlow, 134 Catharine St. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Mrs. E. M. Johnson, 156 Kensington Ave. S.; Treasurer Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. Roy (Convener), Misses G. Hall, A. Atkins, T. Armstrong, L. Call, M. Harrod; Registry Committee, Misses E. Davidson, G. Hall, Mrs. Hess; Programme Committee, Miss Buchanan (Convener), Misses Souter, Sturrock, J. Murray, Eastwood; Flowers and Visiting Committee, Miss Annie Kerr (Convener), Misses McDermott, Pegg, Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives to "The Canadian Nurse," Miss Souter (Convener), Misses Pegg, Baird; Representative R.N.A.O. Private Duty, Miss Hanselman; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON,

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagare; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss G Boyes.

ERGOAPIOL (Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

Amenorrhea, Dysmenorrhea, Etc.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, thus —→ MHS

Dose: One or two capsules three or four times a day.

Literature on Request.

MARTIN H. SMITH COMPANY, NEW YORK, N.Y., U.S.A.

Sterling

Surgeons' and Nurses' Gloves

THE REINFORCING BAND GIVES STRENGTH TO LONG GAUNTLET

This feature of all STERLING GLOVES is found only on the highest grade of other makes.

The bands give added strength, especially for putting on and removing—prevents rolling up on itself, and holds the gown in securely.

Sterling Rubber Co., Ltd.
GUELPH - ONTARIO

Largest Specialists in Seamless Rubber Gloves in the British Empire.

POST-GRADUATE COURSES

Woman's Hospital in the State of New York

SIX MONTHS' GENERAL

Practical Work—Gynecological Wards; Obstetrical Ward, including Nursery Formula, Delivery and Labor Rooms; Operating Room, including Sterilizing and Recovery Room technic. Out-Patient Clinics.

Theory—40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 15 hours Gynecology, 6 hours Anatomy and Physiology, 6 hours History of Nursing. Lectures by Attending Staff.

THREE MONTHS' OBSTETRICAL

Practical Work—Obstetrical Ward, Nursery, Formula, Delivery and Labor Rooms; Out-Patient Clinics.

Theory—40 hours Nursing Procedures; 24 hours Obstetrical Nursing; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

THREE MONTHS' OPERATING ROOM TECHNIC AND MANAGEMENT

Practical Work—Operating Rooms, Sterilizing and Recovery Rooms, Management of Operating Rooms.

Theory—24 hours Nursing Procedures; 15 hours Gynecology; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

Post-Graduate Students receive an allowance of $15.00 per month and full maintenance
Theoretical Instruction by Attending Staff and Resident Instructor
Nurse Helpers Employed on all Wards

AFFILIATIONS

Offered to accredited Training Schools for three-months' Courses in Obstetrics

For further particulars, address—DIRECTRESS OF NURSES
141 West 109th St., New York City.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Mrs. Irene McDonald, c/o Hotel Dieu; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Alfred Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, Kitchener and Waterloo Hospital, Kitchener; Asst. Secretary, Mrs. L. Bauman; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sister M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., RIVERDALE HOSPITAL, TORONTO, ONT.

President, Miss V. Reed, 16 Patterson Ave., Toronto; First Vice-President, Miss E. Lyall, 290 St. George St., Toronto; Second Vice-President, Miss G. Gastrell, Riverdale Hospital; Secretary, Miss C. L. Russell, Riverdale Hospital; Corresponding Secretary, Mrs. Quirk, Riverdale Hospital; Treasurer, Miss L. McLaughlin, Riverdale Hospital; Convener, Sick and Visiting Committee, Miss S. Stretton, 7 Edgewood Ave.; Convener, Programme Committee, Miss K. Mathieson, Riverdale Hospital; Representatives to Central Registry, Miss G. Anderson, 455 Gladstone Ave., Miss J. Henderson, 56 Margretta St.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Grace M. Fairley, Victoria Hospital; President, Miss Della Foster, 503 St. James Street; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christena Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas Street; Secretary, Miss Isobel Hunt, 898 Princess Avenue; Corresponding Secretary, Miss Mabel Hardie, 281 Queens Ave.; Representative, The Canadian Nurse, Miss Luella M. Shaw, Victoria Hospital; Board of Directors, Mrs. C. J. Rose, Misses F. MacPherson, H. Hueston, E. Swetnam, H. Cryderman, A. McKay; Representatives to Registry Board, Misses M. McVicar, S. Giffen, F. Macpherson and A. Johnston.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Miss Marion Curry; First Vice-President, Mrs. M. E. Sharpe; Second Vice-President, Mrs. D. O'Donnell; Treasurer, Mrs. N. Gillies; Secretary, Miss H. J. Pirie; Convener, Sick Committee, Mrs. V. Wesley; Asst. Convener, Sick Committee, Mrs. J. Taylor; Convener, Private Duty Committee, Miss A. I. Pirie.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss E. Johnston; President, Miss M. Harvie; First Vice-President, Miss M. Payne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Pearce.

Regular Meeting—First Thursday of each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams; President, Mrs. Gladys M. Johnston, 107 Simcoe Street; Vice-President, Mrs. (Dr.) Trick; Secretary and Corresponding Secretary, Mrs. Douglas Redpath, 492 Mary St. N.; Assistant Secretary, Miss Marguerite Dickie; Treasurer, Miss Jane Cole, General Hospital, Oshawa.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Miss Elizabeth Shaw; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Viola Foran, 557 Laurier Ave., West; Membership Secretary, Miss Pauline Bissonnette; The Canadian Nurse, Miss Juliet Robert; Representatives to The Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Vian, Miss F. Nevins; Representatives to Central Registry, Miss A. Stackpole, Miss L. Egan, and a member of each class.

A. A., GENERAL AND MARINE HOSPITAL OWEN SOUND, ONT.

Hon. President Miss Edith Jefferies; President, Miss E. Webster 1022 4th Ave. W.; Vice-President, Miss Cora Thompson; Secretary-Treasurer, Miss Cora Stewart, General and Marine Hospital; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Mrs. Wm. Forgrave, Mrs D. J. McMillan, Miss C. McLean; Programme Committee, Misses Olga Stewart, Grace Rusk, Mary Graham; Press Representative, Miss Mary Sim.

A.A., NICHOLL'S HOSPITAL, PERETBORO, ONT.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Miss M. R. Reid; Secretary, Miss B. Smith; Corresponding Secretary, Miss J. Deyell, Y.W.C.A.; Convener, Social Committee, Miss M. Watson; Convener, Flower Committee, Miss A. Dobbin.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss L. Barwise; 2nd Vice-President, Miss L. Seigrist; Treasurer, Miss M. Lee; Secretary, Miss B. M. Farlane.

SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss Miss S. Meyschein; Vice-President, Miss C. Staples; Secretary-Treasurer, Miss L. M. Wilks; Flower Committee, Mrs. L. Dunsmore, Miss A. Turnbull; Correspondent, "The Canadian Nurse," Miss C. J. Zoeger.

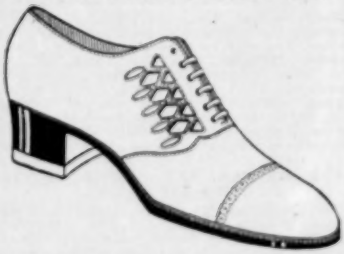
A. A., MACK TRAINING SCHOOL, ST. CATHARINES, ONT.

Hon. President, Miss A. Wright, Superintendent General Hospital; President, Mrs. Charles Hesburn, 54 George St.; First Vice-President, Mrs. Parnell, 161 Church St.; Second Vice-President, Miss Tuck, 106 Church St.; Secretary-Treasurer, Miss Ethel Whittington, General Hospital; Assistant Secretary-Treasurer, Miss Mary Phipps, 82 Hainer St.; Programme Committee, Mrs. Ockenden, Misses F. McArter, A. Johnston and F. Case; Social Committee, Misses B. Kennedy, A. Moyer, R. Beckett, A. Gayman and Mrs. F. Newman; "The Canadian Nurse" Representative, Mrs. Parnell; "The Canadian Nurse," Subscriptions, Miss F. McArter; Press Correspondent, Miss S. E. Hanna.

NURSES!

Your shoes, while on duty, must be comfortable, of course, but

THERE IS NO REASON WHY



you should not have the same comfort in a walking and dress shoe. If you do not, you will come on duty tired and cross.

WE HAVE SPECIALIZED in fitting feet for many years, and particularly feet which are difficult to fit—long or narrow.

BECAUSE THERE MAY BE NO STORE or REPRESENTATIVE of Natural Tread Shoes in your town is no reason why you should be deprived of the benefits of this health-shoe.

Write for self-measurement chart, and remember your patients will appreciate your telling them just what comfortable feet mean to their general health.

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.

18 Bloor St. W. - TORONTO

"Say Ah!"

As a nurse, you have to make a patient do many things he does not care about particularly—and rely on your tact and diplomacy to keep him in a good humour.

You'll find an Eveready Flashlight smooths out many little circumstances incidental to night duty—makes quick work of examinations, temperature readings and administration, with minimum disturbance to your patient.

Always take an Eveready Flashlight in your bag. Be sure it is loaded with genuine Eveready Flashlight batteries—for brightest light at lowest cost.

Canadian National Carbon Co. Ltd.

TORONTO

Calgary Montreal
Vancouver Winnipeg

Owning Eveready Battery Station, CKNC, Toronto

EVEREADY FLASHLIGHTS & BATTERIES

—they last longer

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Jessie Grant, Memorial Hospital; First Vice-President, Miss Jean Killins; Second Vice-President, Miss Hazel Hastings; Secretary, Miss Annie Campbell, Memorial Hospital; Corresonding Secretary, Miss Gladys Hardy, 19 Weldon Avenue; Treasurer, Miss Mary Malcolm, 142 Centre Street; The Canadian Nurse, Mrs. Thomas Keith, 47 William St.; Executive, Mrs. J. A. Campbell, Misses Isabel Matheson, Roma Chambers, Elinor Reaman, Claribel McCorquodale.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jean Browne; 1st Vice-President, Miss Hunter; 2nd Vice-President, Miss M. Crossley; Treasurers, The Misses Fidler, Nurses' Residence, Toronto General Hospital; Corresponding Secretary, Miss L. Bailey; Recording Secretary, Miss M. Stewart; Councillors, Misses K. Russell, G. Gordon, C. Vale, M. Dulmage, McFarland.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs Gray; First Vice-President, Miss A. Bell, Grace Hospital; Second Vice-President, Miss V. Hill; Corresponding Secretary, Miss Hendricks; Recording Secretary, Miss Dewar; Treasurer, Miss R. Garrow.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther Cook, 130 Dunn Ave.; President, Mrs. Caroline Ash, 130 Dunn Avenue; Vice-President, Miss Jean Macpherson, 130 Dunn Avenue; Secretary, Miss Mary Crawford, 130 Dunn Avenue; Treasurer, Miss Amy Poff, 130 Dunn Avenue; Press Secretary, Miss Ione Clift, 130 Dunn Avenue; Convener, Social Committee, Miss Effie Carrie, 61 Roncesvalles Avenue.

A.A., TORONTO ORTHOPEDIC HOSPITAL

Hon. President, Miss E. McLean; President, Miss M. Devins, 42 Dorval Rd.; Vice-President, Mrs. W. J. Smithers, 74 St. George St.; Secretary-Treasurer, Miss O. Fee, 100 Bloor St. W.; Representatives to Central Registry: Mrs. Proctor, 226 Glen Rd.; Miss E. Kerr, 1504 King St. W.; Representative to R.N.A.O., Miss A. Bodely, 43 Metcalf St.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss V. Reid, Riverdale Hospital; First Vice-President, Miss V. Speck, Riverdale Hospital; Second Vice-President, Miss B. Hewlett, 11 Wheeler Ave.; Secretary, Miss A. Hastings, Riverdale Hospital; Treasurer, Miss D. Dench, 135 Coleman Ave.; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss F. Scott, 1026 Danforth Ave.; Representatives to Central Registry, Misses B. Hewlett, J. Haines; Representative, "The Canadian Nurse," Miss A. Hastings.

A. A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts and Miss Kathleen Panton; President, Miss Hazel Hughes; First Vice-President, Mrs. A. L. Langford; Second Vice-President, Miss Gene Clark; Secretary, Miss Wilma Low, 274 Danforth Ave.; Corresopnding Secretary, Mrs. D. M. Smith, 250 Heath St. W.; Treasurer, Mrs. A. P. Reid, 58 Hubbard Blvd.; Councillors, Miss Carson, Mrs. Strachan, Miss K. Halliwell, Miss Florence Booth, Mrs. T. A. James, Miss St. John.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Ramsden, 9 Carey Rd.; Second Vice-President, Miss Bowen, 9 Linden St.; Corresponding Secretary, Miss Magnan, 3 Ravina Cres.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Treasurer, Miss Cook, 1192 Gerrard St. E.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. Presidents, Sister M. Julianna and Sister Amata; President, Mrs. W. H. Artken, 10 MacKenzie Crescent; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie McEnaney, 62 Aziel Street; Treasurer, Miss Irene McGurk, 35 Holland Park Avenue.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 496 Sherbourne St.; Vice-President, Miss Alice Brown, 40 Wroxeter St.; Treasurer, Miss Elda Rowan, 342 Spadina Rd.; Recording Secretary, Mrs. Florence Barry, 42 Maitland St.; Corresponding Secretary, Miss Jessie Campbell, 121 Carlton St.; Executive, Misses Tucker, Lavelle, Fraser and Meikle; Correspondent to "The Canadian Nurse," Miss Bernice Reid, 88 Carlton St.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Annie Low; Recording Secretary, Miss Grace Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to Local Council of Women, Mrs. McConnell; Representative to R.N.A.O., Miss Wiggins; Representative to "Canadian Nurse," Mrs. Isabel Dalzell; Councillors, Mrs. Yorke, Mrs. Drysdale, Mrs. Porrett, Mrs. Nesbitt, Mrs. Dalzell; Social Committee, Mrs. Duff (convener).

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

A. A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Harriett T. Meiklejohn; President, Miss Hawkes; First Vice-President, Mrs. Akins; Second Vice-President, Miss Arksey; Treasurer, Mrs. Hood; Corresponding Secretary, Miss McClintock (first), Miss Groenswold (second); Recording Secretary, Miss Munns; Social Committee, Miss May; Representative to "The Canadian Nurse," Miss M. F. Snell, 21 Kelvin Manor Apts., 2161 Yonge St.

A.A. CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss Louise Smith, Toronto Hospital, Weston; Vice-President, Miss Ella Robertson, 137 Markham St., Toronto; Secretary, Miss Ruth MacKay, Toronto Hospital, Weston; Treasurer, Miss Clara Foy, 163 Concord Ave., Toronto.

A. A., GENERAL HOSPITAL, WOODSTOCK,

Hon. President, Miss Frances Sharpe; President, Mrs J. McDiarmid; First Vice-President, Miss M. Davidson; Second Vice-President, Mrs. P. Johnson; Recording Secretary, Miss Annie Schofield; Asst. Secretary, Miss Hannah Brown; Corresponding Secretary, Miss Martha Calvert; Treasurer, Miss Edith Mackay; Representative to "The Canadian Nurse," Miss Ruby Wright.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss Doris Stevens; First Vice-President, Miss Ella Morrisette; Second Vice-President, Miss Rhena Work; Treasurer, Mrs. Oscar Stenson; Recording Secretary, Miss Helen Hetherington; Corresponding Secretary, Miss Margaret Robins; Representative to "The Canadian Nurse," Miss Carolyn Hornby, Box 324, Sherbrooke, P.Q.

It's a Problem

to know where to buy the very best Uniforms, until you hear of Bland's— then your troubles are surely over.

OUR UNIFORMS fit well, wear well, and are always attractive

WRITE FOR A BOOKLET OF ADVANCED STYLES

BLAND & CO. LIMITED

1253 McGill College Ave. - Montreal

Please mention "The Canadian Nurse" when replying to Advertisers.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss L. M. Brown; President, Miss B. A. Jobber; Vice-President, Miss M. McNutt; Secretary-Treasurer, Miss B. F. Lapierre, 9563 LaSalle Blvd., LaSalle, P.Q.; Executive Committee, Miss A. Talbot, Miss M. Lamb.

Meetings, first Monday each month.

MONTREAL GRADUATE NURSES' ASSOCIATION

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss C. V. Barrett; Royal Victoria Hospital; First Vice-President, Miss A. Jamieson, 1230 Bishop St.; Second Vice-President, Miss A. DesBrisay, 1230 Bishop St.; Secretary Treasurer, Miss J. A. Fletcher, 1230 Bishop St.; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Relief Registrar, Miss J. A. Fletcher, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, December.

A.A., CHILDREN'S MEMORIAL HOSPITAL' MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss M. Watson; Vice-President, Miss I. Stewart, Secretary, Mrs. F. C. Martin, 228 Royal Avenue; Treasurer, Miss M. Flanders; Sick Nurses Committee, Miss M. Clarke, Miss A. MacFarland; Representative to "The Canadian Nurse," Miss D. Parry; Members of Executive Committee, Misses E. Hogue, E. Hillyard.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss F. E. Strumm; First Vice-President, Miss E. M. Cowen; Second Vice-President, Miss M. K. Holt; Recording Secretary, Miss M. P. Boa; Corresponding Secretary, Miss H. G. Hewton; Treasurer, Alumnae Association and Mutual Benefit Fund, Miss I. Davies; Hon. Treasurer, Miss Dunlop; Executive Committee, Misses Loggie, M. McDermott, Batson, McCarogher, Mathewson; Representative Private Duty Section, Miss R. Poggie; Representative to "The Canadian Nurse" (Convener), Miss White; Representative, Local Council of Women, Misses Colley, Bullock, Proxy, H. Carmen; Sick Visiting Committee (Convener), Mrs. Stuart Ramsay; Refreshment Committee, Misses Ward and L. Shepherd.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs; M. I. Warren; First Vice-President, Miss T. Y. Sanders. Second Vice-President, Miss D. Campbell; Secretary, Miss Muriel Bright; Assistant Secretary, Miss M. McKenzie; Treasurer, Miss D. W. Miller; "The Canadian Nurse" Representative, Miss A. B. Pearce; Montreal Nurses Association, Mrs. H. Pollock, Miss H. O'Brien; Convener, Social Committee, Miss M. F. Currie.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Misses E. A. Draper and M. F. Hersey; President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Mrs. Scrimger; Treasurer, Miss Burdon; Recording Secretary, Miss G. Martin; Corresponding Secretary, Miss K. James; Convener of Finance Committee, Miss Enright; Convener, Programme Committee, Mrs. Scrimger; Convener, Sick Visiting Committee, Miss Gall; Representative, "The Canadian Nurse," Miss E. Flanagan; Representative, Local Council of Women, Misses Hall, Yeates; Representative, Private Duty Section, Misses Steel, McCallum, Palliser, McKibbon.

THE WESTERN HOSPITAL, MONTREAL, ALUMNAE ASSOCIATION

Hon. President, Miss Jane Craig; President, Miss Marion Nash, 1234 Bishop St.; First Vice-President, Miss Bertha Birch; Second Vice-President, Miss Edna Payne; Secretary, Miss Ruby Kett; Treasurer, Miss Jane Craig; Conveners of Committees: Finance, Miss E. MacWhirter; Sick and Visiting, Miss B. Dyer; Correspondent to "The Canadian Nurse," Miss M. Hume; Representatives, Private Duty Section, Misses M. Tyrrell, H. Williams.

A.A., NOTRE DAME HOSPITAL, MONTREAL

Hon. President, Mother Dugas; Hon. Vice-Presidents Mother Mailloux, Rev. Sister Robert; President, Miss B. Lecompte; First Vice-President, Miss A. Hartenstein; Second Vice-President, Miss G. Dufresne; Secretary, Miss F. Massicotte, 2886 Holt St.; Assistant Secretary, Miss F. Ecuyer; Treasurer, Miss L. Boulerice; Conveners of Committees: Social, Miss L. Senecal; Nominating, Misses G. Belisle, E. Merizzi, M. De Courville; Sick Visiting, Misses A. Martineau G. Gagnon, B. Lacourse.

A.A., WOMEN'S GENERAL HOSPITAL, WESTMOUNT

Hon. President, Miss E. F. Trench; President, Miss L. Smiley; First Vice-President, Mrs. Crewe; Second Vice-President, Miss N. J. Brown; Recording Secretary, Miss Commerford; Corresponding Secretary, Mrs. Chisholm; Treasurer and "The Canadian Nurse" Representative, Miss E. L. Francis; Sick Visiting, Mrs. Kirk, Miss Jensen.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss E. Armour; First Vice-President, Miss H. A. MacKay; Second Vice-President, Miss E. Ford; Recording Secretary, Miss E. Douglas; Corresponding Secretary, Miss F. O'Connell; Treasurer, Miss E. McHarg; Representative to "The Canadian Nurse," Miss Doris Jack; Sick Visiting Committee, Misses Effie Jack, Cecile Caron; Private Duty Section, Miss C. Caron; Refreshment Committee, Misses A. Ascah, Ivy Nichol; Councillors, Miss F. L. Imrie, Mrs. D. Jackson, Miss C. Kennedy, Mrs. M. Craig, Miss Una Gale.

A.A. SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Miss Ella Morrisette; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Colin Campbell; Treasurer, Mrs. Adele Dyson; Recording Secretary, Mrs. Gordon McKay; Corresponding Secretary, Miss Evelyn L. Warren, Sherbrooke, P.Q.; Correspondent to "The Canadian Nurse," Miss Helen Todd.

MOOSE JAW GRADUATE NURSES' ASS'N

Honorary Advisory President, Mrs. Harwood; Honorary President, Mrs. Lydiard; President, Miss Cora M. Kier; Secretary, Miss B. Aldcorn, 202 Scott Bldg., Moose Jaw; Conveners of Committees: Social, Mrs. Stanfield; Press, Mrs. Lydiard; Constitution and By-laws, Miss French; Programme, Mrs. Young; Representative, Private Duty, Miss R. Cooper; Representative, Public Health, Miss Smith; Representative, Nursing Education, Mrs. Young; Correspondent to "The Canadian Nurse," Mrs. Archibald; Treasurer and Registrar, Miss Cora M. Kier.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss K. M. Ross; President, Miss J. Jackson; 1st Vice-President, Miss M. Buker; 2nd Vice-President, Mrs. J. C. Black; Treasurer, Miss M. Wilkins; Secretary, Miss S. Pollock, General Hospital, Regina; Press Committee, Miss J. Burrows; Entertainment Committee, Miss M. McRae, Miss L. Turnbull; Refreshment Committee, Miss L. Blakely; Sick Nurses Committee, Miss F. Winterbotham.

A.A. SCHOOL FOR GRADUATE NURSES' McGILL UNIVERSITY, MONTREAL

Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Miss Mary Samuel; President, Miss Louise Dickson, Shriners' Hospital; Vice-President, Miss Olga V. Lilly, Royal Victoria Maternity Hospital; Secretary- Treasurer, Miss D.P. Cotton, 581 Sherbrooke St.; Programme Committee, Miss M. Armstrong, 1230 Bishop St.; Representatives, Local Council of Women, Miss Dobie, R.V.H., Montreal and Miss Helen Hewton, M.G.H., Western Division; Proxy, Miss M. Watson, Children's Memorial Hospital; Representatives to "The Canada Nurse"; Administration, Miss C. Armour, Jeffery Hale's Hospital, Quebec; Teaching, Miss E. Hillyard, Children's Memorial Hospital; Public Health, Miss Mildred Chambers, 379 King St., London, Ont.

A. A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss E. Watt; Vice-President, Miss M. G. Lovell; Secretary-Treasurer, Mrs. J. W. Grant; Recording Secretary, Miss I. Meagher; Conveners of Committees: Programme, Miss E. Clancey; Social, Miss M. Ingall; Publicity, Miss M. McEnaney.

NURSES UNIFORMS

Style No. 8100

of

Smart Corley Poplin

—the Choice of the Well-Dressed Nurse

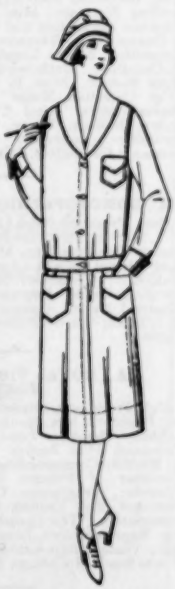
Corley Poplin is a special material made to our own specifications by one of the leading old country textile mills, which specializes in the weaving of the better grades of cloths made from the very finest of Egyptian long staple cotton yarns. It is bleached, mercerized and finished with that beautiful lustre which still remains after scores of washings—a finish that is known only to the English mills.

Style No. 8400

Style No. 8300

STYLE No. 8600

One-piece dress, closed from the waist down, "Tuxedo" collar. Shirt front, closing with detachable pearl buttons. Shirt cuffs closed with pearl cuff links. Two-button loose belt. Two knife pleats in each side of skirt. Six-inch skirt hem and full allowance made for shrinkage throughout.



Style No. 8500

Corley Poplin

$6.50 Each or
3 for $18.00

Best Quality Middy Twill at $3.50 each, or 3 for $10.00

Made in any of our regular styles; including Sales Tax and Postage Paid to your address when money order accompanies your order.

In ordering, give your Bust Measurement, Height and Weight.

Made in Canada by **CORBETT-COWLEY** *Limited*

NOTE OUR NEW TORONTO ADDRESS

690 King St. W., TORONTO 1032 St. Antoine St., MONTREAL

FELLOWS' SYRUP
of the Hypophosphites

A concentrated mineral pabulum, possessing unrivalled therapeutic properties in all Wasting Diseases, which have been termed "Demineralizations" by modern clinicians.

Supplies the organism with those indispensable mineral elements:
Manganese Sodium Potassium Calcium Iron
together with the dynamic action of quinine and strychnine.

Over Half-a-Century of Clinical Experience
with FELLOWS' SYRUP has confirmed it as

"THE STANDARD TONIC"

Samples and Literature upon request.

FELLOWS MEDICAL MANUFACTURING CO., Inc.
26 Christopher Street, New York, U. S. A.

MENIHAN ARCH-AID ROCHESTER, U.S.A.

For . . . Professional Women

A specially designed Oxford, with built-in Arch Supports in

Black Kid—Tan Kid—White Shoe Linen—White Buckskin

Menihan's Arch-Aid Shoes

are built scientifically.

The elements embraced in their construction prevent improper posture, hence you will walk correctly, producing both ease and grace.
Your efficiency is enhanced by reason of this.

GEORGE L. CONQUERGOOD
Licensed Chiropodist in attendance

No. 507

THE ARCH-AID SHOE COMPANY

Toronto Store,
24 Bloor St. West.

Montreal Store,
686 St. Catherine St. West,
Cor. Bishop

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXV. WINNIPEG, MAN., JUNE, 1929 No. 6

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905 at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd. 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

JUNE 1929

CONTENTS

		PAGE
The Value of Periodic Health Examinations	*Dr. A. Grant Fleming*	283
Hospitals of the Montreal Council		286
Biographies, Grand Council, I.C.N.		294
Congenital Atelectasis		296
Report on the Poliomyelitis Epidemic in Manitoba, 1928		297
Department of Nursing Education:		
Training School Records in Smaller Hospitals	*C. E. Guillod*	298
McGill University School for Graduate Nurses		301
Department of Private Duty Nursing:		
Eczema	*Dr. Harold Orr*	303
Nursing Care of Eczema	*Ethel English*	305
Department of Public Health Nursing:		
A System of School Medical Inspection (concluded)	*Dr. F. S. Burke*	308
Book Reviews		311
Notes on I.C.N. Congress		313
News Notes		315
Official Directory		323